St Lawrence's Church Bluff Point

Direct Debit Request Form

Request and Authority to debit the account named below and pay
The Roman Catholic Bishop of Geraldton
CATHOLIC DEVELOPMENT FUND

Request and Authority to Debit	**Surname** (or company name)_____ **Given Names**_____("you") Request and authorize CDF ID No. 72796 to arrange for any amount CDF may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution below subject to the terms and conditions of the Direct Debit Request Service Agreement.
Insert the name and address of financial Institution at which account is held	**Financial Institution Name**_____ **Address**_____ _____
Frequency of Debits	Parish – Planned Giving Collection $ _____ Maximum amount ($). The first debit may be made on ___/___/___ and at ☐ weekly ☐ fortnightly ☐ monthly ☐ quarterly ☐ half yearly ☐ yearly intervals thereafter, with the Final Payment Date (optional) __/___/___
Acknowledgement	By submitting this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and CDF as set out in this Request and in your Direct Debit Request Service Agreement.
Insert your email address "confirmation of request"	**Email Address:**_____ (Office will send copy of Periodical Payment Authority) **Phone Number:** |_|_|_|_|_|_|_|_|_|_| **Date** ___/___/___
Insert details of account to be debited **CANNOT BE A CREDIT CARD**	**ACCOUNT NAME**_____ **BSB Number** |_|_|_| - |_|_|_| **Account Number** |_|_|_|_|_|_|_|_|_|
PARISH – Bluff Point	BLUFF POINT CHURCH ACCOUNT CDF ACCOUNT – 1009312 S73 BSB Number – 086 006 Account Number : 900 950 132 Reference : Name of Parishioner