

Click on the spaces to type and complete this form.

Please print and sign the form and return it by post, person or Church collection plate.

Please do not email it to us as your bank will not accept signatures that have been copied or emailed.

SFX Cathedral Parish 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 your financial Institution at which account is held	Financial Institution Name								
	Address								
Frequency of Debits	Maximum amount \$ _____. The First debit may be made on / / and paid Weekly Fortnightly Monthly Yearly thereafter-with the Final Payment Date (optional / /).								
Acknowledgement	By signing 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.								
	Signature					Date			
	If signing for a company, sign and print full name and capacity for signing e.g. Director								
Your Address	Address								
Insert details of account to be debited THIS CANNOT BE A CREDIT CARD	Name of Account								
	BSB Number					-			
	Account Number								
OFFICE USE ONLY	Name of Parish SFX Cathedral Parish Geraldton CDF AccNo 1 0 0 9 2 6 3 - S 7 3 . 8 - C A T								