DIRECT DEBIT REQUEST

Request and Authority to debit the account named below to pay Catholic Church Endowment Society Inc

Request and Authority to debit	**Surname or company name**_____ **Given names or ACN/ARBN** _____("you") request and authorise Catholic Church Endowment Society Inc Debit User ID 113325 to arrange for any amount Catholic Church Endowment Society Inc may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below].
Insert the name of financial institution at which account is held	**Financial institution name** _____ _____
Insert details of account to be debited	**Name of account (holder)** _____ **BSB number** |___|___|___| - |___|___|___| **Account number** |___|___|___|_1_|___|___|___|___|___|
Acknowledgment	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Catholic Church Endowment Society Inc as set out in this Request and in your Direct Debit Request Service Agreement.
Payment Details	☐ **The first debit may be made on _____/_____/_____ and at weekly / fortnightly / monthly / quarterly / half yearly / intervals after that** ☐ **Payment Amount is to be $_____ and/or as amended in accordance with written instructions provided by you.** ☐ **This authority will remain in place until: _____/_____/_____ (*or*)** **: Written request to cancel/suspend payments is provided by you.** **(*please delete one of these options*)**
Please Tick **Insert your signature, address and Telephone No**	☐ **I have received and read a copy of the Direct Debit Service Agreement** **Signature** _____ **Signature** _____ (If signing for a company, sign and print full name and capacity for signing eg. director) **Date** ____/_____/_____ **Date** ____/_____/_____ **Address** _____ Telephone No: _____ **Child's Name**_____

FOR OFFICE USE ONLY:

New Agreement / Amendment of Existing Authority No. _____

CDF Account Name CDF Account Number:

Contact Person: _____ Family Code: _____

Date Posted:

FOR CDF USE ONLY:

Date CDF Received:

Date Loaded:
Loaded By:
Authority Number: