

John Paul College

Po Box 4552 KALGOORLIE WA 6430



Direct Debit Request



Request and Authority to debit the account named below to pay
The Roman Catholic Archbishop of Perth
CATHOLIC DEVELOPMENT FUND (CDF)

Request and Authority to debit	Surname (or company name) _____ Given names (or ACN/ARBN) _____ ("you") Request and authorise CDF – User 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 identified 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	Maximum amount (\$) _____. The first debit may be made on ____/____/____ and at Weekly / fortnightly / monthly / quarterly / half yearly / intervals 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.
Insert your signature and address	Signature _____ (If signing for a company, sign and print full name and capacity for signing eg. director) Address _____ _____ Date ____/____/____
Insert details of account to be debited	Name of account _____ BSB number [] [] [] [] - [] [] [] [] [] [] [] [] Account number []

School Name JOHN PAUL COLLEGE - KALGOORLIE CDF A/C No. 5833 S4
 School/Parent Code _____