

## DIRECT DEBIT REQUEST



Cethels Development Facel	
Request ar	nd 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 and address of financial institution at which account is held	Financial institution nameAddress
Insert details of account to be debited	Name of account (holder)
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.
Debit Frequency	☐ The first debit may be made on/ / and at weekly / fortnightly / monthly / quarterly / half yearly / intervals after that.
Debit Amount	☐ The amount to be debited each time is \$   _   _   -   _
<b>5</b> 1 1 2 1 5 1	☐ The debits are to continue; until further notice OR until / / .
Debit End Date	
Insert your signature and address	Signature  (If signing for a company, sign and print full name and capacity for signing eg. director)  Address
	Date//
FOR OFFICE USE ONLY:	
New Agreemen	t / Amendment of Existing Authority No
CDF Account Name	CDF Account Number:
Contact Person:	Parish Code:
Date Posted:	
FOR CDF USE ONLY:	
Date CDF Received	Date Loaded: Loaded By: Authority Number: