GOOD SHEPHERD CATHOLIC SCHOOL – LOCKRIDGE

Direct Debit Request

AMENDMENT / NEW
(please circle)

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

Request and Authroty 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 Fortnightly / Monthly / Quarterly / Half Yearly / intervals thereafter, with the Final Payment Date ____ / ____ / ____ **NO LATER THAN SEPTEMBER 30TH**
Acknowledgement	By signing the 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 e.g. director) **Address** _____ _____ **Date** _____ / _____ / _____
Insert details of account to be debited E.g – J & M Sith NO CREDIT CARDS OR ACCESS CARDS (if the no. doesn't fit the spaces, it is incorrect)	**Name of Account** _____ **BSB Number** ___ ___ ___ - ___ ___ ___ **Account Number** ___ ___ ___ ___ ___ ___ ___ ___ ___

GOOD SHEPHERD OFFICE USE ONLY

Good Shepherd Catholic School – Lockridge   CDF A/C No. 5635 S4.1

Parent Surname: _____   Parent Code: _____

Please return this form to the School Office