



**IMMACULATE HEART
OF MARY PARISH**
SCARBOROUGH



Please complete and return this form:

Immaculate Heart of Mary Parish
BOX 156, Scarborough, WA 6922
 scarborough@perthcatholic.org.au
 (08) 9341 1124

Direct debit request New/Amendment

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

Request Authority to Debit

Title	First Name(s) (or Company name)	Last Name (or ACN/ARBN)
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Request and authorize 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.

Details of account to be debited

Name of Financial Institution

Address

Name of account to be debited

(eg Name in which the account is Held ie. John Smith)

(Insert details of account to be debited Eg. J & M Smith NO CREDIT CARDS OR ACCESS CARDS (if the number doesn't fit in the spaces provided, it's incorrect.)

BSB number

Account number

Frequency of Debit

Tick applicable contribution:

1ST COLLECTION - PRESBYTERY - CDF/AC NO. 1005767 S3.3

Maximum amount \$

The first debit may be made on ___/___/___

Weekly | Fortnightly | monthly | quarterly | half yearly | intervals thereafter, with the Final Payment Date (optional) ___/___/___

2ND COLLECTION - CHURCH - CDF/AC NO. 1005767 S3.4

Maximum amount \$

The first debit may be made on ___/___/___

Weekly | Fortnightly | monthly | quarterly | half yearly | intervals thereafter, with the Final Payment Date (optional) ___/___/___

Note: Scarborough Church CDF A/No. 1005767

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.

Your signature and address

Signature

(If signing for a company, sign and print full name and capacity for signing eg. Director)

Address

Date

Contact Number/s

H:	M:
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