

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 Authority to debit

Surname _____

Given names _____

Eldest child _____ **Class** _____

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

Amount (\$ _____). The first debit may be made on ____ / ____ / ____ and at Fortnightly / Monthly with the Final Payment Date ____ / ____ / ____
End Date no later than 30 September

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 _____

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