

DIOCESAN DEVELOPMENT FUND

Bethany Centre, 470 Church Street, Parramatta. PO Box 2605, North Parramatta, NSW, 1750

Ph: (02) 8839 4500 Email: enquiries@parraddf.org.au

DIRECT DEBIT REQUEST

DDF Client Number 440S5

Customer(s)
authority

Name of Customer(s) giving the DDR

I/We

authorise and request the *Diocesan Development Fund* 025351 to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS).

This authorisation is to remain in force in accordance with the terms described in the Direct Debit Request Service Agreement (see following page).

Details of
account
to be
debited

Name of the Financial Institution

Account Name

BSB number

Account number

Payment
details

The payment is for _____

Agreed payment of \$ _____ per week fortnight month

Commencing date _____ / _____ / _____ until further notified by me/us in writing.

Reference to be quoted

Client Name (eg school, parish, etc) GLENBROOK PARISH

I/We authorise the following:

1. The Debit User to verify the details of the abovementioned account with my/our Financial Institution.
2. The Financial Institution to release information allowing the Debit User to verify the abovementioned account details.

Customer Signature

Date / /

Customer Signature

Date / /