



DIRECT DEBIT REQUEST FORM 2016

PLEASE CIRCLE: NEW AMENDMENT

Request and Authority to debit the account names below to pay:
The Roman Catholic Archbishop of Perth Catholic Development Fund (CDF)

Request and Authority to debit	Your Surname or company name _____ Your Given names or ABN/ARBN _____ "you" request and authorise Aranmore Catholic College (CDF) User ID 375103 to arrange, through its own financial institution, a debit to your nominated account any amount Aranmore Catholic College has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be 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 _____ _____
Insert details of account to be debited	Name/s on account _____ BSB number (must be 6 Digits) _ _ _ _ _ - _ _ _ _ _ Account number (no more than 9 digits) _ _ _ _ _ _ _ _ _ _ _ _
Amount of Debit	Maximum Amount \$ _____
Frequency of Debits	The first debit may be made on ___/___/___ and at <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly Intervals Final Payment Date ___/___/___ (optional) <input type="checkbox"/> 3 x Year <input type="checkbox"/> 2 x Year <input type="checkbox"/> 1 x Year <input type="checkbox"/> Ongoing payments
Acknowledgment	By signing this Direct Debit request I acknowledge having read and understood the terms and conditions governing the debit arrangement between myself and CDF as set out in this request and in my 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 eg. director) Address _____ _____ Date ___/___/___

FAMILY CODE

STUDENT NAME

Please retain a copy for your records