

Clergy Stipend Donation Direct Debit Request Form

A Request and Authority to debit the account named below and pay
The Roman Catholic Bishop of Geraldton CATHOLIC DEVELOPMENT FUND
CLERGY REMUNERATION FUND ACCOUNT

Request and Authority to Debit

Surname (or company name) _____

Given Names ('you') _____

Email Address _____

Contact Number _____

I *Request and Authorize* CDF 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 below subject to the terms and conditions of the Direct Debit Request Service Agreement.

Name and Address of Financial Institution at which your account is held

Financial Institution Name _____

Address _____

Details of your Account to be debited (CANNONT BE A CREDIT CARD)

Account Name _____

BSB

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Account Number

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Debit instructions

Amount to be debited

Frequency of debit

Date of first debit

Date of final debit (optional)

ACKNOWLEDGEMENT

By submitting this Direct Debit Request form, 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.

Thank you for your generosity and care for the Priests serving in the Diocese. Our office will confirm your request and forward a Periodical Payment Authority to the email you have supplied above.

Date

SUBMIT