

DIRECT DEBIT REQUEST FORM

Customer's
authority

I/We _____
Name/s of parishioner/s giving the DDR
of _____
Parish name/suburb
authorise you **The Catholic Development Fund**

Diocese of Maitland-Newcastle

025223

Name of debit user

APCA user ID number

to arrange for funds to be debited from my/our account at the financial institution identified below through the Bulk Electronic Clearing System (BECS).

This authorisation is to remain in force in accordance with the terms described in the Application to pay Planned Giving Contributions by direct debit.

Signature

Date

Signature

Date

Details of
account to
be debited
(all account
details must
be supplied)

Name of financial institution

Name of financial institution

BSB

Account number

Parish to
complete

The payment is for my/our Planned Giving contributions identified by Planned Giving Number

Please tick
the box

☐ I/We request that you debit my/our account in accordance with our agreement

Agreement

\$ _____
Amount to be debited First payment date

The frequency of the debit is once per month. If the direct debit should fall on a weekend or public holiday, it will not be actioned until the next working day.

Signed by customer

Signed by customer

APPLICATION TO PAY PLANNED GIVING CONTRIBUTIONS

Dear Father,

I/We hereby make application to pay my/our Planned Giving contribution for

Parish name/suburb

1. Name _____

Address _____

Phone _____

2. Value of planned giving promise \$ _____ (monthly)

3. This authority will commence on _____
Date

4. My Planned Giving Number is

5. I would like my monthly contribution to be debited

☐ as per the attached debit request

OR

☐ from my credit card

Please debit my ☐ Bankcard ☐ Mastercard ☐ Visa

Card Number

Expiry date

I/We will advise the parish priest of the cancellation of this authority and will not hold the parish priest responsible for any action arising from my/our not doing so.

Signature

Date

Signature

Date