

**Form: F020** Completed form should be returned to parish, school or agency. The ORIGINAL will then be POSTED to the CDF.

**DIRECT DEBIT REQUEST**



Catholic Development Fund

# Original should be posted to CDF by school authorities.

**SCHOOL:** CONDER – ST CLARE OF ASSISI OSHC  
7282 S30

**Name of Student:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

I/we request and authorise the **Catholic Development Fund** (User Identification No 025230) to arrange for funds to be debited from my/our account held at the financial institution identified with the amounts and at the frequency specified below.

**Financial Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**BSB:**

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**Account:**

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**Account Name:** \_\_\_\_\_

**Amount:** \$ 

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**Commencement date:**

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**Frequency:** **Weekly:**

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**Fortnightly:**

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**Monthly:**

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**Other:**

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 (Q/HY/Y)

Please note that the **CDF** will endeavour to debit your account on the nominated date. However, if this occurs on a public holiday, it might not be possible and the debit will occur on the next working day. *It is your responsibility to ensure that sufficient funds are in the account to cover the amount to be debited.*

**Signature/s** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature/s** \_\_\_\_\_ **Date** \_\_\_\_\_

(By signing this request, I/we acknowledge having read and accepted the terms and conditions on the attached *Service Agreement*.)

<b>School Use:</b>	Family ID	
<b>CDF Use:</b>	CDF Authority No	