

Parent code:

**Diocesan Development Fund**  
**The Roman Catholic Trust Corporation for the Diocese of Rockhampton**  
**Direct Debit Request**

**Request and Authority to debit the account named below to pay**  
**Diocesan Development Fund**

<b>Request and Authority to debit</b>	Surname or company name _____ Given names or ACN/ARBN _____ ("you")  request and authorise Diocesan Development Fund - User ID 313928 to process any amount Diocesan Development Fund deems to debit or charge you 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 and further instruction that may be provided below.
<b>Name of Financial Institution that holds the account</b>	<b>Financial Institution Name</b> _____ <b>Address</b> _____ _____ _____
<b>Account details to be debited</b>	<b>Account Name</b> _____ <b>BSB Number</b> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <b>Account number</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Acknowledgement</b>	By signing this Direct Debit Request you <b>acknowledge</b> having read this and understand the terms and conditions under which debit arrangements are made between you and Diocesan Development Fund as laid down in this Direct Debit Request and in your Direct Debit Request Service Agreement.
<b>Optional information – Debit Users use only</b>	<input type="checkbox"/> The maximum amount to be debited at any one time is: \$ _____ (amount in words) or <input type="checkbox"/> The first debit of \$ _____ to be made on ____/____/____ and then at weekly/fortnightly/monthly/quarterly intervals until ____/____/____ or cancelled. or <input type="checkbox"/> Debits may be made fourteen <b>days</b> after the issue of a billing advice.
<b>Signature and address of account holder</b>	Signature _____ (If signing for an organisation, sign and print full name and capacity for signing e.g. Director, Partner etc.) Address _____ _____  Date ____/____/____
DDR/012000	Diocesan Development Fund is acting on behalf of <b>ST JOSEPH'S SCHOOL, BILOELA</b> <span style="float: right;"><b>220 S1</b></span>