

CDF Reference Number:_____

DIRECT DEBIT REQUEST



Request and Authority to debit the account named below to pay St Pius X School	
Request and Authority to debit	Surname("you")
	request and authorise Catholic Church Endowment Society Inc Debit User ID 113325 to arrange for any amount Catholic Church Endowment Society Inc may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below].
Insert the name of financial institution at which account is held	Financial institution Name: Account Name: (holder)
Insert details of account to be debited	BSB number -
Acknowledgment	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Catholic Church Endowment Society Inc as set out in this Request and in your Direct Debit Request Service Agreement.
Payment Details	 □ The first debit may be made on// and at weekly / fortnightly / monthly / quarterly / half yearly / intervals after that □ Payment Amount is to be \$ and/or as amended in accordance with written instructions provided by you. □ This authority will remain in place until:/ (or) Written request to cancel/suspend payments is provided
Please Tick	☐ I have received and read a copy of the Direct Debit Service Agreement Signature
Insert your signature, address and Telephone No	Date/ Address
FOR OFFICE HEE ONLY	Mobile No: Child's Name:
FOR OFFICE USE ONLY:	
Civica Account Name	Civica Family Code:
BPay Reference No:	Date Received:
Date Entered:	Entered By: