



Inspired by Christ, We journey together, Embracing faith, life and learning

NEW DIRECT DEBIT REQUEST

Authority Number
(CDF use only)

FAMILY NAME **STUDENT/S**
.....
.....

I wish to pay school fees due as follows:

- A regular QUARTERLY amount of \$ _____ (Same Day Every Three Months)
- A regular MONTHLY amount of \$ _____
- A regular FORTNIGHTLY amount of \$ _____
- A regular WEEKLY amount of \$ _____

* START DATE..... FINISH DATE..... OR UNTIL FURTHER NOTICE
(Please note* Depending on bank processing, payments will either be debited from the account on this date or the following business day)

Signature:

Date:

Signature:

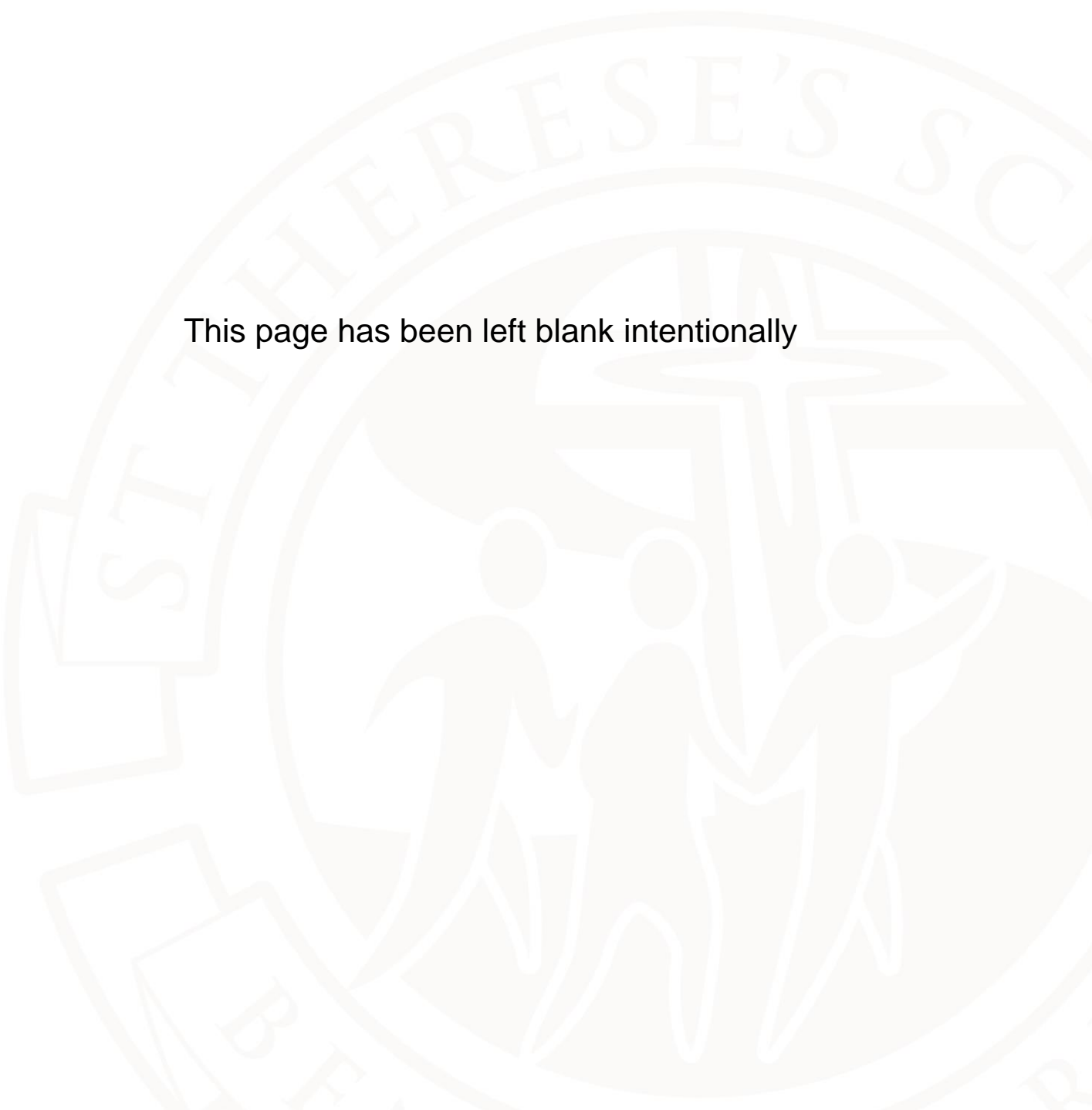
Date:

Please return this form to your School Administration


NB: Please allow 3 – 5 working days for processing.

School use only
School Account Number ... 9472 S2.1 EDM
Reference Details.....

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Direct Debit Request

	<p>Catholic Development Fund 130 Lake Street Cairns 4870 PO Box 625, Cairns 4870</p>
<p><i>Request and Authority to debit the account named below to pay</i> Roman Catholic Trust Corporation</p>	
<p>Request and Authority to debit</p>	<p>Surname or company name _____</p> <p>Given names or ACN/ARBN _____ (“you”)</p> <p>request and authorise Roman Catholic Trust Corporation Debit User ID 148020 to arrange for any amount Roman Catholic Trust Corporation 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].</p>
<p>Insert the name and address of financial institution at which account is held</p>	<p>Financial institution name _____</p> <p>Address _____ _____</p>
<p>Insert details of account to be debited</p>	<p>Name of account _____</p> <p>BSB number _ _ _ - _ _ _ </p> <p>Account number _ _ _ _ _ _ _ _ _ _ _ _ _ _ </p>
<p>Acknowledgment</p>	<p>By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Roman Catholic Trust Corporation, as set out in this Request and in your Direct Debit Request Service Agreement.</p>
<p>Insert your signature and address</p>	<p>Signature _____ (If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Address _____ _____</p> <p>Date ___ / ___ / ___</p>

Direct Debit Request Service Agreement



Catholic Development Fund

130 Lake Street Cairns 4870
PO Box 625, Cairns 4870

Definitions

account means the account held at *your financial institution* from which *we* are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between *you* and *us*.

business day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by *you* to *us* is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between *us* and *you* (and includes any Form PD-C approved for use).

us or *we* means Roman Catholic Trust Corporation, the Debit User *you* have authorised by signing a *direct debit request*.

you means the customer who signed the *direct debit request*.

your financial institution is the financial institution where *you* hold the *account* that *you* have authorised *us* to arrange to debit.

1. Debiting your account

1.1 By signing a *direct debit request*, *you* have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *direct debit request* and this *agreement* for the terms of the arrangement between *us* and *you*.

1.2 *We* will only arrange for funds to be debited from *your account* as authorised in the *direct debit request*.

1.3 If the *debit day* falls on a day that is not a *business day*, *we* may direct *your financial institution* to debit *your account* on the following *business day*.

If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.

2. Changes by us

2.1 *We* may vary any details of this *agreement* or a *direct debit request* at any time by giving *you* at least fourteen (14) days' written notice.