Parent Code:

Diocesan Development Fund

The Roman Catholic Trust Corporation for the Diocese of Rockhampton

Amendment of Direct Debit Request

**NB: This form can only be used to change the amount, next due date and frequency of a Direct Debit If you need to change Financial Institution details you need to complete a Direct Debit Request Form.*

Surname or company name _____

Given names or ACN/ARBN _____("you")

Financial Institution Name: _____
(Do not change Bank details with this form, please see note *)

Address: _____

_____

Account Name: _____

BSB Number ☐☐☐ - ☐☐☐

Account Number: ☐☐☐☐☐☐☐☐

Current Details:

Debit next due: ____/____/____

Frequency Intervals: (circle frequency required)
weekly/fortnightly/monthly/quarterly until ___/___/___
or cancelled.

Amount:$_____

Amendment details:

Debit next due: ____/____/____

Frequency Intervals: (circle frequency required)
weekly/fortnightly/monthly/quarterly until ___/___/___
or cancelled.

Amount: $_____

By signing this Amendment of Direct Debit Request you acknowledge 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 the Direct Debit Request and in your Direct Debit Request Service Agreement.

Signature _____
(If signing for an organisation, sign and print full name and capacity for signing e.g. Director, Partner etc.)

Address _____

_____

Date _____/_____/_____

Diocesan Development Fund is acting on behalf of
EMMAUS COLLEGE, ROCKHAMPTON **4500 S1**

Office Use Only:

Original Authority Number: Altered By: Date: