

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>	<p><b>Surname or company name</b> _____</p> <p><b>Given names or ACN/ARBN</b> _____ (“you”)</p> <p>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.</p>
<b>Name of Financial Institution that holds the account</b>	<p><b>Financial Institution Name</b> _____</p> <p><b>Address</b> _____</p> <p>_____</p> <p>_____</p>
<b>Account details to be debited</b>	<p><b>Account Name</b> _____</p> <p><b>BSB Number</b>    <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/></p> <p><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"/></p>
<b>Acknowledgement</b>	<p>By signing this 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 this Direct Debit Request and in your Direct Debit Request Service Agreement.</p>
<b>Direct Debit Payment Information</b>	<p>Date of First Payment: <input type="text"/> <input type="text"/> <input type="text"/> e.g. 01 Jan 2015</p> <p>Frequency:        <input type="checkbox"/> Weekly        <input type="checkbox"/> Monthly  <input type="checkbox"/> Fortnightly    <input type="checkbox"/> Quarterly</p> <p>Payment Completion: <input type="checkbox"/> Continue until further notice  <b>or</b>  Date of Final Payment: <input type="text"/> <input type="text"/> <input type="text"/> e.g. 31 Dec 2015</p> <p>Payment Amount        \$ _____</p>
<b>Signature and address of account holder</b>	<p>Signature _____</p> <p style="text-align: center;"><small>(If signing for an organisation, sign and print full name and capacity for signing e.g. Director, Partner etc.)</small></p> <p>Address _____</p> <p>_____</p> <p>Date ____/____/____</p>
DDR/012000	<p>Diocesan Development Fund is acting on behalf of</p> <p style="text-align: center;"><b>EMMAUS COLLEGE, ROCKHAMPTON</b> <span style="float: right;"><b>4500 S1</b></span></p>