

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: