

# On Behalf of LESCHENAULT Catholic Parish



## Direct Debit Request



Request and Authority to debit the account named below to pay  
**The Roman Catholic Bishop of Bunbury**  
**CATHOLIC DEVELOPMENT FUND (CDF)**

<b>Request and Authority to debit</b>	Surname _____ Given names _____ ("you") Request and authorise <i>Catholic Development Fund ID Number 173501</i> to arrange for any amount <i>CDF</i> 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. (See over)
<b>Insert the name and address of financial Institution at which account is held</b>	Financial institution name _____ Address _____ _____
<b>Frequency of Debits</b>	Maximum amount (\$) _____. The first debit may be made on ____/____/____ and at weekly / fortnightly / monthly / quarterly / half yearly / intervals thereafter, with the Final Payment Date (optional) ____/____/____ Index to CPI annually Yes/ No
<b>Acknowledgement</b>	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and <i>CDF</i> as set out in this Request and in your Direct Debit Request Service Agreement.
<b>Insert your signature and address</b>	Signature _____ (If joint account, please have all account holders sign.) Address _____ _____ Home phone no _____ Work phone no _____ Date ____/____/____
<b>Insert details of Account to be debited</b>	Name of account _____ BSB number    [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] Account number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**OFFICE USE ONLY**

Name	CATHOLIC PARISH OF LESCHENAULT	CDF A/C No.	4003769S41
ENVELOPE NO	AUTHORITY NUMBER		

Original for Catholic Development Fund, Copy for Parishioner, Copy for Parish

**For assistance when completing the above authority please contact the CDF on 97 210500  
 Any amendments to the authority must be advised to the Leschenault Parish Office**

## Direct Debit Request Service Agreement

### 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, including the direct debit request.

*Business day* means a day other than a Saturday or a Sunday or a listed public holiday.

*Debit day* means the day that payment is due.

*Debit payment* means a particular transaction where a debit is made, according to your direct debit request

*Direct debit request* means the Direct Debit Request between us and you.

*Index to CPI annually* means the annual "eight Capital Cities" Consumer Price Indexation figure at 30 June each year as published by the Australian Bureau of Statistics.

*Us and We and Our* means the Catholic Development Fund.

*You* means the customer(s) who sign 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:

By signing a *direct debit request*, you have authorised us to arrange for funds to be debited from your account according to the *agreement* we have with you.

We will only arrange for funds to be debited from your account:

- As authorised in the *direct debit request*

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 or previous *business day*. If you are unsure about which day your account has or will be debited, please check with your *financial institution*.

### 2: Changes by you:

If you wish to alter, stop or defer a *debit payment* you must advise us in writing at least 5 *business days* before the next *debit day*. This notice should be given to us in the first instance.

### 3: Your obligations:

It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a *debit payment* to be made.

If there are insufficient clear funds available in your account to meet a *debit payment*:

- You or your account may be charged a fee and/ or interest by your *financial institution*.
- You or your account may be charged a fee to reimburse us for charges we have incurred for the failed transaction.
- You must arrange for the payment to be made by another method or arrange for sufficient clear funds to be in your account within 7 days or another time we agree with you so that we can process the *debit payment*.

Please check your account statement to verify that the amounts debited from your account are correct.

### 4: Dispute:

If you believe that there has been an error in debiting your account you should call us in 97 210 500 and confirm the details in writing with us as soon as possible so that we can resolve your query quickly.

### 5: Accounts:

You should check;

- With your *financial institution* whether direct debiting is available from your account as direct debiting is not available on all accounts offered by *financial institutions*.
- Your account details which you have provided to us are correct by checking them against a recent account statement; and
- With your *financial institution* before completing the *direct debit request* if you have any queries about how to complete the *direct debit request*.

Please note: If the account number you have quoted is incorrect, you may be charged a fee to reimburse our costs in correcting any deductions from;

- An account you do not have authority to operate; or
- An account you do not own.
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### 6: Confidentiality:

We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.