

SIGNATORY CHANGE



CDF Institutional Deposit Account

Manager
Catholic Development Fund
PO Box 1887
CANBERRA ACT 2601

Institution: _____

Address: _____

Email: _____

Phone: _____ **Fax:** _____

ABN/TFN

Contact: _____

Please vary the signatories on the following accounts as specified below.

Name: _____

Client No: _____

Signature _____ **Date:** _____

Parish priest/school principal/executive officer.

Account Titles:

1.	
2.	
3.	

Signatories:

Name in Full	Official Position	Signature

Method of operation:	One to sign ()	Two to sign ()
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