

PERIODIC PAYMENT REQUEST



Institution: _____

We request and authorise the **Catholic Development Fund** to arrange for funds to be debited from our account held at the **CDF** identified with the amounts and at the frequency specified below.

Debit CDF account number	Name of CDF account
Credit CDF account number	Name of CDF account

Credit external account

BSB:	<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"/>
Account:	<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"/>
Account Name:	<input type="text"/>								

Amount	Commence	Frequency (tick)			
\$	(Date)	Weekly	<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>
		Monthly	<input type="checkbox"/>	Half Yearly	<input type="checkbox"/>

*Please note that the **CDF** will endeavour to debit your account on the nominated date. However, if this occurs on a public holiday, it might not be possible and the debit will occur on the next working day. It is your responsibility to ensure that sufficient funds are in the account to cover the debit.*

Signature/s _____ **Date** _____

CDF use:	<input type="text"/>
CDF Authority No:	<input type="text"/>