centacare

☐ NEW REQUEST
☐ ALTERATION
☐ CANCELLATION

ST BENEDICT'S OUTSIDE SCHOOL HOURS CARE

(07) 3481 4600

Ph:

DIRECT DEBIT REQUEST (DDR)

Date: / / 201

Details of Account Authority

I/We _____
Name of customer(s) giving the DDR

Authorise you **ARCHDIOCESAN DEVELOPMENT FUND** Name of Debit User

062782 APCA User ID Number

To arrange for funds to be debited from my/our account at the Financial Institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS).

This authorisation is to remain in force in accordance with the terms described in the *Fees – Direct Debit Request – Service Agreement (see reverse)*

_____ Signature of Customer

_____ Signature of Customer

Details of Account to be Debited – (all details *must be* supplied)

Name of Financial Institution _____

Account Name _____

Account Number | | | | | | BSB is a 6 digit number _____ Account Number

Branch Location _____

Payment Details

I/We request that you debit my/our account in accordance with our Agreement and subject to one or more of the following conditions:-

Amount Of:	$	**Start Payment Date**	
Number of Instalments		**Final Payment Date:**	

Payment Frequency	1. Weekly	3. Monthly	5. Once Off
	2 Fortnightly	4. Quarterly	6. Other (Specify)

School Use Only

51980 S18 OSC **Credit ADF Account**

_____ **Reference Details**