

Please tick the box Agreement	Parish to complete	account to be debited (all account details must be supplied)	Details of						Customer's authority
I/We request that you debit my/our account in accordance with our agreement \$	The payment is for my/our Planned Giving contributions identified by Planned Giving Number	Name of financial institution Name of financial institution BSB Account number		Signature	Signature/	Name of debit user to arrange for funds to be debited from my/our account at the financial institution identified below through the Bulk Electronic Clearing System (BECS). This authorisation is to remain in force in accordance with the terms described in the Application to pay Planned Giving Contributions by direct debit.	Diocese of Maitland-Newcastle 025223	Parish name/suburb The Catholic Development Fund	I/WeName/s of parishioner/s giving the DDR



Catholic Development Fund GIVING CONTRIBUTIONS APPLICATION TO PAY PLANNED GIVING CONTRIBUTIONS

Signature Date Signature Date	Expiry date/ I/We will advise the parish priest of the cancellation of this authority and will not hold the parish priest responsible for any action arising from my/our not doing so.	☐ from my credit card Please debit my ☐ Bankcard ☐ Mastercard ☐ Visa Card Number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	5. I would like my monthly contribution to be debited☐ as per the attached debit requestOR	2. Value of planned giving promise \$(monthly) 3. This authority will commence on// Date 4. My Planned Giving Number is	ldress	Dear Father, I/We hereby make application to pay my/our Planned Giving contribution for Parish name/suburb 1. Name