



Direct Debit Request (DDR)

Direct Debit	Noqu	ישטן זכט	\)							
Customer's Authority	I/We	Name of Customer(s) giving the DDR			PR	ACN/ABN (if Company/Business)				
		Customer's Address								
	of									
							Postcod	е		
		Phone Number:	()			Mobile No:				
		Email:								
author	ise you	Hor	nsby Cathed	dral Paris	sh Al	PCA Use	er ID	06809	16	
			e debited fron							ow
_			nic Clearing S in in force in a	•	-					
	e Agree		III III IOICE III a	accordan	ce with	ine tem	is describe	tu III tile L	mect Debit	
	Signat	ure			Date					
					/	/				
	2 nd Signature (if required for joint account etc)									
	2 nd Sig	gnature (if re	equired for joint	account e	etc)					
Details of the Account to be Debited	Name	of Financial	Institution							
	Parad Name of Fire with Health Co.									
	Branch Name of Financial Institution									
	Account Name									
	BSB N	umbor		Account I	Numbor					
	DOD IV	- L		Account	vumber					
Note: Direct De	biting is	not available	on the full range	e of accoun	its. If in d	oubt, plea	ase refer to y	our Financia	al Institution.	
Amount to be [Debited	\$	F	requency	/ : Wee	kly	Month	ly	Quarterly	

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