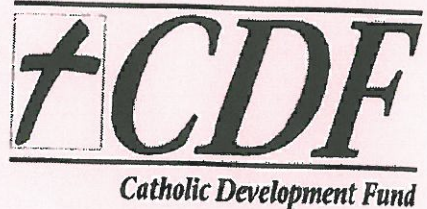


CHANGE DIRECT DEBIT



Change, alter or suspend an existing Direct Debit Request.
 (If account details are being changed then **a cancellation of the existing request**, together with **a new Direct Debit Request** is required.)

Completed form should be returned to parish, school or agency.
 It will then be forwarded to the CDF.
 Five working days are required to action change.

SCHOOL: KALEEN - ST MICHAEL'S PRIMARY
684 S30.1

Name of Student: _____

Name of Parent/Guardian: _____
 I/we have previously authorised the **Catholic Development Fund** (User Identification No 025230) to arrange for funds to be debited from my/our account held at the financial institution specified.

Financial Institution: _____

Address: _____

BSB:

--	--	--	--	--	--

Account:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Name: _____

After the debit on: _____ (date)
 (This payment will be made)

CANCEL/ALTER/SUSPEND (Please circle) my request to be:

Amount	Commence/Recommence	Frequency		
\$	(Date)	Weekly	Fortnightly	
		Monthly	Half Yearly	

Signature/s _____ **Date** _____

Signature/s _____ **Date** _____
 (By signing this request, I/we acknowledge having read and accepted the terms and conditions on the attached *Service Agreement*.)

School Use:	Family ID	
	CDF Authority No	