

## DIRECT DEBIT REQUEST

Entity to be credited:

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I/We Full name(s):

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Contact Phone Number:

Mobile:

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agree that the Diocesan Development Fund ID Number 313928 may debit and/or charge any amount through the Bulk Electronic Clearing System (BECS), from the account nominated on this form. Each debit or charge must be effected according to the Direct Debit Request Service Agreement.

*For additional accounts from multiple financial institutions, please reprint this form.*

## NEW PAYMENT DETAILS

### Details of Financial Institution

Name: Amount \$

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Address: Frequency:  Weekly  Fortnightly

### Details of Account to be Debited

Monthly  Quarterly

Account name:

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BSB: \_\_\_ - \_\_\_ First payment date:

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Account no.: \_\_\_ Final payment date (optional):

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## ALTERATION TO EXISTING AUTHORITY

### Details of Financial Institution

Name: Amount: \$

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Address: Frequency:  Weekly  Fortnightly

### Details of Account to be Debited

Monthly  Quarterly

Account name:

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BSB: \_\_\_ - \_\_\_ First payment date:

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Account no.: \_\_\_ Final payment date (optional):

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## SUSPENSION

Final payment date:

Recommence payment on:

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## CANCELLATION

Final payment amount: \$

Final payment date:

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## SIGNATURE(S)

Before signing this section, please read the Service Agreement following. Your signature below will indicate you accept the terms of the Service Agreement and confirm that the details on this form have been checked and are correct. If debiting a joint account, please have all account holders sign. If the account is held by a company, please have one director and the company secretary each sign. If you are signing for and on behalf of an entity, please state the capacity in which you sign, in the signature box below.

Signature:

Signature:

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Date:

Date:

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**Office Use Only**

DDF Auth No:

Loaded by:

Date loaded:

## Direct Debit Request Service Agreement

### Definitions

*Account* means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

*Agreement* means this Direct Debit Request Service Agreement between you and us, including the direct debit request.

*Business day* means a day other than a Saturday or a Sunday or a listed public holiday.

*Debit day* means the day that payment is due.

*Debit payment* means a particular transaction where a debit is made, according to your direct debit request.

*Direct debit request* means the Direct Debit Request between us and you.

*Us* and *we* and *our* means the Diocesan Development Fund.

*You* means the customer(s) who signed the direct debit request.

*Your financial institution* is the financial institution where you hold the account that you have authorised us to arrange to debit.

### 1. Debiting your account

By signing a *direct debit request*, you have authorised us to arrange for funds to be debited from *your account* according to the *agreement* we have with you.

We will only arrange for funds to be debited from your account:

- as authorised in the *direct debit request*;

If the *debit day* falls on a day that is not a business day, we may direct *your financial institution* to debit *your account* on the following or previous *business day*. If you are unsure about which day *your account* has or will be debited, please check with *your financial institution*.

### 2. Changes by you

If you wish to stop or defer a debit payment you must write to us at least 5 *business days*

before the next *debit day*. This notice should be given to us in the first instance.

### 3. Your obligations

It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made.

If there are insufficient clear funds available in *your account* to meet a *debit payment*.

- you or *your account* may be charged a fee and/or interest by *your financial institution*;

- you or *your account* may be charged a fee to reimburse us for charges we have incurred for the failed transaction;
- you must arrange for the payment to be made by another method

Please check *your account* statement to verify that the amounts debited from *your account* are correct.

### 4. Dispute

If you believe that there has been an error in debiting *your account* you should call us on 07 4887 3090 and confirm the details in writing with us as soon as possible so that we can resolve *your* query quickly.

### 5. Accounts

You should check;

- with *your financial institution* whether direct debiting is available from *your accounts* offered by financial institutions.
- *your account* details which you have provided to us are correct by checking them against a recent *account* statement; and
- with *your financial institution* before completing the *direct debit request* if you have any queries about how to complete the *direct debit request*.

Warning: if the *account* number you have quoted is incorrect, you may be charged a fee to reimburse our costs in correcting any deductions from:

- an account you do not have authority to operate; or
- an account you do not own.

### 6. Confidentiality

We will keep any information (including *your account* details) in *your direct debit request* confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. However, we may use *your* contact details to provide information about the fund. Should you wish this not to be the case, please advise the fund in writing.