CDF
CATHOLIC DEVELOPMENT FUND

DIRECT DEBIT REGULAR PAYMENT REQUEST

Request and Authority to debit the account named below to pay:

YIDARRA CATHOLIC PRIMARY SCHOOL - 3 YEAR OLD PROGRAMME

Request and Authority to debit nominated account	**Name:** _____ **Address:** _____ request and authorise *Yidarra Catholic Primary School* to debit my nominated account as detailed below to pay my (child's 3 Year Old Fees). **This authority remains in force until such time that I provide written instruction to amend or cancel this authority**.
Insert the name And branch of Financial institution	**Financial Institution Name:** _____ **Branch:** _____
Insert details of account to be debited	**Account Holder Name** _____ **BSB Number** |___|___|___| _ |___|___|___| **Account Number** |___|___||___|___||___|___||___|___||___|___||___|___|
Debit Frequency	**Please select one of the following options: - Account to be finalised by November** **20 x Fortnightly payments** |___| Date to Commence ____ February 2017 **10 x Monthly payments** |___| Date to Commence ____ February 2017
Debit Amount	**The amount to be debited each time is - $ ___|___|___|___| - |___|___|**
Please Sign - Complete one form per family	**Signature** _____ **Date** ____/____/____ **Student/s and Yr/s** _____

Please return this completed form to Yidarra Catholic Primary School

For office use only:

New Agreement / Amendment of Existing Authority

Family Code: _____