



# Catholic Community of the Holy Spirit

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## Direct Debit Request

### PLANNED GIVING

Date  :  :  :  :  :

NEW REQUEST

ALTERATION

CANCELLATION

I/We

Name of customer(s) giving the DDR

Authorise you

Name of Debit User

APCA User ID Number

To arrange for funds to be debited from my/our account at the Financial Institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS).

This authorisation is to remain in force in accordance with the terms described in the Planned Giving – Direct Debit Request – Service Agreement (see reverse)

Signature of Customer

Signature of Customer

### Details of Account to be Debited – (all details *must be* supplied)

Name of Financial Institution

Account Name

BSB Number  :  :  -  :  :  Branch Name

Account Number  :  :  :  :  :  :  :

### Payment Details - First Collection and Second Collection

Parish Reference Details

(Parish Use Only)

I/We request that you debit my/our account in accordance with our Agreement and subject to one or more of the following conditions:-

#### First Collection

#### Second Collection

Amount \$

Amount \$

Frequency of debit Fortnightly/Monthly

Frequency of debit Fortnightly/Monthly

First payment date  :  :  :  :  :

First payment date  :  :  :  :  :

Final payment date

Final payment date

Credit ADF Account

Credit ADF Account