

Use this form to request or amend a Direct Debit from your nominated account to a CDF account. Please allow 14 days for this request to be processed. When sections A and B are complete email this form to csg@melbcdcf.org.au

Important Information

Section A - Request and Authority:

- To be completed and signed by the person(s) whose account will be debited
- For requests related to joint accounts, both account holders must sign this authority

Section B – CDF Account Holder Authority:

- To be completed by the CDF Account Holder whose account will be credited

Section A Request and Authority

Request Type ☐ New Authority ☐ Amend Existing Authority

Commencing Until or until further notice ☐

Debit amount \$

Frequency ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Other:

Debit Account Details

Account Name

BSB	Account Number	Name of Financial Institution
<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Holder Contact Details

Name	Contact Number
<input type="text"/>	<input type="text"/>

Email Address

Postal Address

Authority to Debit Account

Signing this authority confirms:

- I/we hold the authority to make this request
- Joint Accounts – both account holders have approved and signed this request
- The account details provided are correct and the account can be direct debited
- I/we agree have read and understand the [CDF Direct Debit Request Service Agreement](#)

Name	Name
<input type="text"/>	<input type="text"/>

Signature	Signature
<input type="text"/>	<input type="text"/>

Date signed (dd/mm/yyyy)	Date signed (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>

Section B CDF Account Holder Authority

Credit CDF Account Details

Account Name

CDF Account Number	Reference Number
<input type="text"/>	<input type="text"/>

Comments