

# Periodic Payment

Contact: ☎ 6208 6260 📠 6208 6290 📧 cdf@aohtas.org.au

Authority Number  
NEW/EXISTING



**The Manager**  
**Catholic Development Fund**  
**PO Box 62**  
**HOBART TAS 7001**

I/We \_\_\_\_\_ authorise the Catholic Development Fund  
to Debit my/our account with the CDF Account Number: \_\_\_\_\_ \$ \_\_\_\_\_

Frequency: Weekly  Fortnightly  Monthly  Quarterly  Half Yearly  Annually

for the amount of: \$

This payment is from :  To:   
First Payment Final Payment

## Type of payment

This payment is to be made to a CDF Account Number:

Account Name

OR

This payment is to be made by Electronic Transfer to:

Account Name

Bank State Branch No: (BSB)  Account Number

Reference

OR

This payment is to be made by Cheque:

Payee:

Address:  Postcode

Reference

Signature (s)

Date

Office Use Only Authority Loaded:  Checked: