# Direct Debit Request

Request and authority to debit my account

Surname Mr / Mrs / Miss / Ms / Other (please circle) _____

Given names _____

_____ ("you")

Address _____

_____ Postcode _____

Telephone _____

Parish North Pine Anglican Parish

request and authorise **Anglican Financial Services** (ANFIN) (148016) to process the amount specified below through the Bulk Electronic Clearing System from an account held at the Financial Institution below, subject to the terms and conditions of the Direct Debit Request Service Agreement and further instruction that may be provided below.

**Name of financial institution that holds the account**

Financial Institution Name _____

Address _____

_____ Postcode _____

**Details of account and amount to be debited**

(Please note that direct debiting may not be available on all accounts)

Account Name _____

BSB Number | | | | | | |

Account number | | | | | | | | | |

The amount to be debited at any one time is $ _____

_____

(amount in words)

☐ The first debit may be made on ____/____/____ and thereafter at

☐ weekly ☐ fortnightly ☐ monthly ☐ quarterly intervals

**Privacy request**

Your parish needs information about your contribution to help plan its budgets and ministry. By completing this Direct Debit Request you consent to ANFIN advising your parish of your contribution. Tick here only if you do not wish ANFIN to advise your parish of your contribution. ☐

**Acknowledgement and signature of account holder**

By signing this Direct Debit Request you acknowledge having read this and understand the terms and conditions under which debit arrangements are made between you and ANFIN as laid down in this Direct Debit Request and in your Direct Debit Request Service Agreement.

Signature _____ Date ____/____/____

**Office Use Only**

Auth No | | | | | | Op No | | | |

Parish Client Number | | | | | | | | | |

Parish direct

Commitment with convenience