

## Parish Giving via ADF – Request Form and Direct Debit Request

Please complete:

New Request     Amend Existing Request

### Contact Details

Title  Surname

Given Name/s

Street

Suburb  Postcode

Phone (day)

Email

Please transfer from the financial institution account / ADF Account / Credit Card Account below, the sum of \$  to my Parish.

once     weekly     fortnightly     monthly     quarterly     half yearly     yearly

Commencing on  /  /  and ending on  /  /

*(If no end date is provided, the transfer will continue until further notice in writing is received from you)*

**Transfer from my / our financial institution account by direct debit:**

Account Name

Bank Name

Branch

BSB    Acct No

**OR**

**Transfer from my / our ADF account:**

ADF Account Name

ADF Account No

**OR**

**Transfer from my / our Credit Card Account:**

Cardholder's Name

Credit Card Number

MasterCard     Visa Card

Card Expiry Date  /



**Name of Parish to receive my / our giving:**

**ST CATHARINE'S, CAULFIELD SOUTH**

FOR  General Parish Purposes

**ACCOUNT NO. 05005028**

**Office Use Only:**

ADF Account Name

ADF Account No

I / We authorise Melbourne Anglican Trust Corporation as trustee for the Anglican Development Fund (User ID 187736) to arrange for funds to be debited from my/our nominated account via the Bulk Electronic Clearing System at the financial institution shown above according to the schedule specified above.

Name of Signatory 1

Signature 1 / Cardholder's

Name of Signatory 2

*(if required)*

Signature 2 *(if required)*

Date  /  /

*For assistance completing this form, please email [adf@adfmelbourne.org.au](mailto:adf@adfmelbourne.org.au) or phone (03) 9653 4220.*

### Disclosure of Personal Details

For record keeping purposes, many parishes prefer to have access to the names of parishioners giving via the ADF. Please be assured that you are not required to disclose this information. If you wish your giving to remain anonymous you may do so. Please indicate your choice below and forward your response to the ADF with your parish giving instruction.

Yes, I authorise the Anglican Development Fund to disclose my / our name/s to the parish nominated above. I understand that details of my giving, including my name and the amount of my giving will appear on statements sent to the parish.

No, I do not wish for my / our details to be disclosed to the parish nominated above.

Name of Signatory 1

Signature

Name of Signatory 2

Signature

Please forward your completed form to  
Anglican Development Fund  
Reply Paid 70597  
Melbourne Vic 3000