



St. Thomas More Catholic Church

100 Dean Road, Bateman, Western Australia 6150

Parish Office: (08) 9310 1747

Email: bateman@perthcatholic.org.au Web: bateman.perthcatholic.org.au

Planned Giving Number: _____

PLEDGE FORM

I / We _____ (Full Name)

Of _____ (Address)

Contact number: _____ Email Address: _____

Pledge **Weekly** or **Monthly** or **Yearly** Offerings of \$ _____
to the **ST THOMAS MORE CATHOLIC PARISH, BATEMAN** for the period
commencing 1st July 2024 to 30th June 2025.

I/We understand this is confidential between the Parish Priest and myself /us.

Signed _____ Date: |__|_| - |__|_| - |__|_|_|_|

PLEASE RETURN THIS FORM TO THE PARISH OFFICE

St Thomas More Catholic Parish, Bateman offers several contribution options.
Please tick the appropriate box and fill out the details accordingly:

Direct Debit

(Please fill out the form at the back of this page and obtain the "Direct Debit Request Service Agreement" from the Parish office)

Credit Card

Name of Cardholder: _____

Card type: Master card Visa

Card Number: |__|_|_|_| - |__|_|_|_| - |__|_|_|_| - |__|_|_|_|

Expiry Date: |__|_| - |__|_|

Amount to be debited: \$ _____ Start Date: |__|_| - |__|_| - |__|_|_|_|

Frequency: Monthly Yearly

I/we authorise **St Thomas More Catholic Parish, Bateman**, until further notice, to debit my/our credit card, the details of which and the amount are shown above. This authorisation can be cancelled in writing at any time.

Signature of Credit Card Holder/s: _____

Planned Giving Envelopes (For cash or cheque)

Date: |__|_| - |__|_| - |__|_|_|_|

ST THOMAS MORE CATHOLIC CHURCH



Direct Debit Request

NEW/AMENDMENT

(delete one)



Request and Authority to debit the account named below to pay
The Roman Catholic Archbishop of Perth
CATHOLIC DEVELOPMENT FUND (CDF)

Request and Authority to debit

Surname (or company name) _____

Given names (or ACN/ARBN) _____ ("you")

Request and authorise *CDF – User ID No.72796* to arrange for any amount *CDF* may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert the name and address of financial Institution at which account is held

Financial institution name _____

Address _____

Frequency of Debits

Maximum amount (\$) _____. The first debit may be made on ____/____/____ and at Weekly / fortnightly / monthly / quarterly / half yearly / intervals thereafter, with the Final Payment Date (optional) ____/____/____

Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and *CDF* as set out in this Request and in your Direct Debit Request Service Agreement.

Insert your signature and address

Signature _____
 (If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ____/____/____

Insert details of account to be debited

Eg J & M Smith
NO CREDIT CARDS OR ACCESS CARDS
 (if the no. doesn't fit in the spaces, it is incorrect)

Name of account _____
 (see margin - left)

BSB number [] [] [] - [] [] []
 (always 6 digits)

Account number [] [] [] [] [] [] [] [] []
 (never more than 9 digits)

Lodgement Reference:

Account name:

CDF A/C No. **1005631S8.7**