Catholic Development Fund
Archdiocese of Canberra & Goulburn

BPAY REQUEST

PURPOSE OF THIS FORM

For authorised officers of the below named client to request the BPay payment as detailed in this form.

INSTRUCTIONS FOR COMPLETION

- All fields are mandatory and must be completed by two account signatories on the debit account before returning the form to the CDF.
- **Digital signatures are not accepted. Form to be authorised with wet ink signatures.**

SECTION 1 – CDF ACCOUNT TO BE DEBITED

Account Name:

Member No.: | Account No. *(S A/c)*: | Amount: **$**

Reference *(to appear on CDF Statement)*:

SECTION 2 – BPAY BILLER TO BE CREDITED

BPAY Biller Name:

BPAY Biller Code: | Customer Reference No.:

☐ I confirm the BPay details as listed above have been validated either verbally with the vendor, against prior payment details or by using a validation system.

SECTION 3 – AUTHORISATION

I/We the below authorised signatories on the above listed CDF account, approve the CDF to complete the requested transaction and debit the specified CDF account for the value of the transaction and any associated fees.

Name of Authorised Person 1:	Name of Authorised Person 2:
Wet Ink Signature of Authorised Person 1:	Wet Ink Signature of Authorised Person 2:
Date: / / 20	Date: / / 20

FOR SAME DAY PROCESSING REQUESTS MUST BE RECEIVED AT THE CDF BY 2:20PM (AEST)

CDF USE ONLY

Signatures Verified:

BPAY REQUEST 2025/01