

DDF Account Amendment Authority Form

Complete this form to make amendments to your DDF accounts. Email the completed form and any supporting documents to sandhurst@catholicdevelopmentfund.org.au

Section 1 – Account Holder Details

| | |
|--|----------------------|
| Organisation Name | DDF Client Number |
| <input type="text"/> | <input type="text"/> |
| Business Address | |
| <input type="text"/> | |
| Postal Address - if different from above | |
| <input type="text"/> | |
| Phone Number | |
| <input type="text"/> | |

Section 2 – Contact for this request

| | |
|----------------------|----------------------|
| Name | Role |
| <input type="text"/> | <input type="text"/> |
| Contact Number | Email |
| <input type="text"/> | <input type="text"/> |

Section 3 – Change Account Holder Details

| | |
|--|----------------------------|
| New Account Holder Contact Details | |
| Complete each field as required | |
| New Business Address | |
| <input type="text"/> | |
| New Postal Address - if different from above | |
| <input type="text"/> | |
| New Business Phone Number | New Business Email Address |
| <input type="text"/> | <input type="text"/> |

Section 4 – Close Account(s)

| | |
|--|---|
| Account Details | |
| Close account number | <input type="text"/> and transfer the closing balance to: |
| <input type="radio"/> DDF Account | Acc number <input type="text"/> |
| <input type="radio"/> External Account* | Name of Financial Institution <input type="text"/> |
| | Acc name <input type="text"/> |
| | BSB <input type="text"/> Acc number <input type="text"/> |
| *Please attach a bank statement header to verify the account information | |

Section 5 – Add New Signatories/CDF Online Users

Add Signatories

Signatory 1

Full Name Date of Birth (dd/mm/yyyy)

Residential Address

Phone Number Email

Signatory on existing DDF account(s): Yes No

Add to: All Accounts
 Specific Accounts - *List accounts here*

CDF Online Only – View Only Access Data Entry Access Full Access

Authorisation Limit (min \$2000) \$

Signatory 2

Full Name Date of Birth (dd/mm/yyyy)

Residential Address

Phone Number Email

Signatory on existing DDF account(s): Yes No

Add to: All Accounts
 Specific Accounts - *List accounts here*

CDF Online Only – View Only Access Data Entry Access Full Access

Authorisation Limit (min \$2000) \$

Section 6 – Remove Existing Signatories/CDF Online Users

Remove Signatories

Signatory 1

Full Name CDF Online Login (if known)

Remove from: All Accounts
 Specific Accounts - *List accounts here*

CDF Online access will be automatically removed from when this signatory is removed from nominated accounts

Signatory 2

Full Name CDF Online Login (if known)

Remove from: All Accounts
 Specific Accounts - *List accounts here*

CDF Online access will be automatically removed from when this signatory is removed from nominated accounts

Section 7 – Acceptance and Authorisation

By signing this document, I/we confirm and acknowledge the following:

- I/we am authorised to act on behalf of the account holder named in section 1 of this document and this request is in line with the account authority for each account referred to in this document
- I/we acknowledge that all signatories must be fully identified in accordance with the requirements of DDF and will be required to complete electronic verification of identity before they can be added to the accounts nominated within section 4 of this document
- I/we agree to comply with the terms and conditions of all accounts held with DDF
- I/we agree to comply with the terms and conditions of all accounts with a linked NAB cheque account if applicable
- External account details referenced in Section 4 of this document are correct, are in the name of the account holder and can accept funds transfers
- I/we acknowledge the DDF privacy policy – available on the DDF website www.ddfsandhurst.au/forms
- I/we acknowledge the DDF disclosure statement – available on the DDF website www.ddfsandhurst.au/forms

Signatory 1

| Full Name | Role | Date (dd/mm/yyyy) |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Signature

Signatory 2

| Full Name | Role | Date (dd/mm/yyyy) |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Signature