



CDF ONLINE APPLICATION
(Catholic Church Business/Organisation)

NEW

AMENDMENT

CDF ONLINE - CUSTOMER AGREEMENT

Business/Organisation Name _____

Business/Organisation Email Address _____

Client No. _____ Telephone No. _____ Facsimile No. _____

In signing this application for **CDF Online**, I/we authorise the Catholic Development Fund to issue a Login Code and Password together with designated access capabilities to each person nominated on the reverse of this application, and/or amend designated access capabilities for each person nominated on the reverse of this application who is currently registered as a user of **CDF Online** for our business, and in so doing, I/we acknowledge and agree to the following conditions:

1. I/We understand that Full Access will enable the nominated personnel to perform transactions on the nominated accounts, including the transfer of funds to, and if we are a Direct Entry Debit User from, external Organisations and Individuals.
2. I/We acknowledge that anyone who has access to the Passwords may be able to transact on these accounts and it is the responsibility of the undersigned and the nominated persons who have been issued Passwords to protect and not disclose them.
3. I/We understand that transactions performed before 2.00 p.m. on a business day should be in our account overnight; transactions performed after 2.00 p.m. should be in our account a business day later.
4. I/We accept full responsibility on behalf of the nominated users for ensuring the details of payments made or collected are correct, and acknowledge that CDF has no liability for any payments made or collected in accordance with details provided.
5. As a registered CDF Online user accessing the services available through CDF Online which include the processing of direct debits as a Direct Entry Debit User, I/we accept full responsibility to abide by the terms and conditions set out in this Agreement, and our Debit User Agreement with our sponsor bank, and further agree to indemnify the CDF against any and all claims, liabilities, expenses and losses which may arise out of or in connection with our Debit User Agreement and/or transactions performed through CDF Online.
6. I/We will inform CDF immediately if there is any suspicion that the security of the Passwords has been breached.
7. This authority shall stand until revoked by me/us in writing, and it is my/our responsibility to inform the Authorised User of that revocation

Date _____
***Authorising Party*

Date _____
***Authorising Party*

***In the case of Parish and Primary Schools, we require the Parish Priest to sign as the sole Authorising Party; in the case of Colleges, we require two Authorising Parties to sign.*

Please nominate Authorised Users, Authorisation Limits, Access Levels, and Daily Transactional Limits on page 2 of this form.



CDF ONLINE APPLICATION

(Catholic Church Business/Organisation)

Organisation Name _____ Client No. _____

Remitter Name

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(Short name - limited to 16 characters - to identify your business/organisation when making Direct Payments)

Authority to Operate:

I/We nominate the following persons to be Authorised Users of CDF Online with the designated access capabilities to operate on our accounts:

(Please Note: Persons who are not signatories may only be nominated for Data Entry or Enquiry Access. Registered signatories may be nominated for Enquiry Access or Full Access. Full Access enables the performance of transactions via CDF Online. Transactions performed via CDF Online must be authorised in accordance with the signing authority for each account, ie. where signing authority specifies "two to sign", two passwords are required.)

Authorised User Name:	
Personal Email Address:	
For Full Access <small>(Please list Savings/Cheque accounts eg. S20, S21 etc.)</small>	S
*Transaction Authorisation Limit: <small>(please nominate amount)</small>	\$
Enquiry Access Only (please circle) YES / NO or Data Entry (please circle) YES / NO <small>(Please list Savings/Cheque accounts eg. S20, S21 etc.)</small>	S
Enquiry Access Only (please circle) Investment Accounts YES / NO Loan Accounts YES / NO	
Office Use Only	

Authorised User Name:	
Personal Email Address:	
For Full Access <small>(Please list Savings/Cheque accounts eg. S20, S21 etc.)</small>	S
*Transaction Authorisation Limit: <small>(please nominate amount)</small>	\$
Enquiry Access Only (please circle) YES / NO or Data Entry (please circle) YES / NO <small>(Please list Savings/Cheque accounts eg. S20, S21 etc.)</small>	S
Enquiry Access Only (please circle) Investment Accounts YES / NO Loan Accounts YES / NO	
Office Use Only	

Authorised User Name:	
Personal Email Address:	
For Full Access <small>(Please list Savings/Cheque accounts eg. S20, S21 etc.)</small>	S
*Transaction Authorisation Limit: <small>(please nominate amount)</small>	\$
Enquiry Access Only (please circle) YES / NO or Data Entry (please circle) YES / NO <small>(Please list Savings/Cheque accounts eg. S20, S21 etc.)</small>	S
Enquiry Access Only (please circle) Investment Accounts YES / NO Loan Accounts YES / NO	
Office Use Only	

Authorised User Name:	
Personal Email Address:	
For Full Access <small>(Please list Savings/Cheque accounts eg. S20, S21 etc.)</small>	S
*Transaction Authorisation Limit: <small>(please nominate amount)</small>	\$
Enquiry Access Only (please circle) YES / NO or Data Entry (please circle) YES / NO <small>(Please list Savings/Cheque accounts eg. S20, S21 etc.)</small>	S
Enquiry Access Only (please circle) Investment Accounts YES / NO Loan Accounts YES / NO	
Office Use Only	

**Transaction Authorisation Limits apply to each authorised signatory who has been given Full Access. These limits should be sufficient to cover the total value of a batch.*

Daily online withdrawal limit required for each account:

(Please Note: The default daily online withdrawal limit of \$2,000 will be applied if an alternative limit is not nominated.)

Account S _____ \$ _____	Account S _____ \$ _____
Account S _____ \$ _____	Account S _____ \$ _____
Account S _____ \$ _____	Account S _____ \$ _____
Account S _____ \$ _____	Account S _____ \$ _____

**Authorising Party

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Please send completed form to CDF, P O Box 174, East Melbourne 8002