

DIRECT DEBIT MANDATE FORM

Name of Your Bank or Building Society: _____

Branch Address: _____

Postcode: _____

Name(s) of Account Holder(s): _____

Account Number: _____

Sort Code: _____

Reference (if applicable): _____

Instruction to your Bank or Building Society:

Please pay DIRECT DEBITS from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with The Organisation and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s): _____

Date: _____

The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit The Organisation will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request The Organisation to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by The Organisation or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when The Organisation asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

CUSTOMER SIGNATURE

FOR OFFICE USE ONLY

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Position: _____

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