



MANDATE TO YOUR BANK TO PAY BY DIRECT DEBIT

Name and full postal address of the Service Provider

Service Details	Service Provider's Reference Number: <input type="text"/>		Fixed amount to be debited: K <input type="text"/>
	Payer's Account Number with Service Provider: <input type="text"/>		
	Payment Date (DD/MM/YYYY): <input type="text"/>	How many days can the Direct Debit be processed before Payment Date? <input type="text"/>	
	Expiry Date (DD/MM/YYYY): <input type="text"/>	How many days can the Direct Debit be processed after Payment Date? <input type="text"/>	
	Payment Frequency* (Tick as applicable): <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> FN <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> H <input type="checkbox"/> A <small>*D=Daily W=Weekly FN=Fortnightly M=Monthly Q=Quarterly H=Half Yearly A=Annually</small>		
Variable amount to be debited subject to maximum of: K <input type="text"/>			

Payer's Personal Details	Name: <input type="text"/>	
	Telephone Number: <input type="text"/>	Email: <input type="text"/>
	Address: <input type="text"/>	

Payer's Bank Details	Bank Name: <input type="text"/>	
	Branch Name: <input type="text"/>	Sortcode: <input type="text"/>
	Bank Account Number: <input type="text"/>	

Instruction to your Bank/NBFI	To: The Manager (Name and full postal address of your Bank)	
	INSTRUCTION TO DEBIT MY ACCOUNT	
	Please pay ... [Service Provider's name] Direct Debits from my account detailed in this mandate subject to safeguards assured by the Direct Debits Guarantee. I/we understand that this mandate may remain with ... [Service Provider's name] and, if so, details will be passed electronically to my Bank/NBFI.	
Signatures _____		Date _____
<small>Banks/NBFIs may not accept Direct Debit Mandates for some types of accounts</small>		

The Direct Debit Guarantee

1. This Guarantee is offered by all Banks/NBFI that take part in the DDACC System. The efficiency and security of the Direct Debit is monitored and protected by your own Bank/NBFI.
2. If the amounts to be paid or the payment dates change, ... [Service Provider's name] will notify you 14 working days in advance of your account being debited or as otherwise agreed.
3. If an error is made by ... [Service Provider's name], you are guaranteed a full and immediate refund of the amount paid from ... [your Service Provider's name].
4. If an error is made by your bank/NBFI, you are guaranteed a full and immediate refund from your branch of the amount paid.
5. You can cancel a Direct Debit at any time by writing to your Bank/NBFI. Please also send a copy of your letter to us.