

Any Company
Logo or Name

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"/>											
	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"/>	Fixed amount to be debited: K <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			Variable amount to be debited subject to maximum of: K <input type="text"/>									
*D=Daily W=Weekly FN=Fortnightly M=Monthly Q=Quarterly H=Half Yearly A=Annually													

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 _____

Banks/NBFIs may not accept Direct Debit Mandates for some types of accounts

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.