



Date

Branch

Direct Debit Scheme

Creditor's RC Number / Service Code Identifier _____

Payer's Name (please complete all names in BLOCK letters, leaving a space after each name):

Address (please complete all names in BLOCK letters, leaving a space after each name):

Bank's Name (please complete all names in BLOCK letters, leaving a space after each name):

Address (please complete all names in BLOCK letters, leaving a space after each name):

Creditor's Name (please complete all names in BLOCK letters, leaving a space after each name):

Address (please complete all names in BLOCK letters, leaving a space after each name):

Dear sirs,

MY AGREEMENT (details of the underlying commercial transactions between the Creditor and the payer) dated:

The details of my/our bank account are as follows:

Bank:	
Address of Bank Branch:	
Account Number:	
Sort Code:	

I / We hereby request instruct and authorize you to debit my/our account in accordance with any Direct Debit instruction issued and delivered to you by the the Creditor such amounts necessary for monthly/quarterly/semi-annual payment due in respect of the above mentioned agreement on the _____ day of each and every month/quarterly/half year commencing on _____ and continuing.

All such debits from my/our account by you in accordance with any Direct Debit instruction issued and delivered to you by the Creditor shall be treated as though they have been signed by me/us personally.

The amounts are variable and will be charged on the date specified above. I/We understand that the Creditor may change the dates only after giving me/us prior notice.

I/We understand that the withdrawals hereby authorised will be processed by electronic funds transfer, and i/we also understand that details of each withdrawal will be printed on my bank statement and/or an accompanying voucher.

I/We agree to pay any bank charges relating to this Mandate.

This Mandate may be cancelled by me/us by giving both you and the Creditor twent (20) Business Days notice in writing, sent by prepaid registered post, or delivered to the addresses stated above, but I/We understand that I/We shall not be entitled to any refund of amounts which may have already been withdrawn while this Mandate was in force if such amounts were legally owing to the Creditor.

Signed at _____ on this _____ day of _____ 20 _____

(SIGNATURE AS PER ACCOUNT MANDATE)

for and on behalf of: Payer's Name _____

in presence of: _____

Name: _____

Adresses: _____

Occupation: _____

Signature: _____