



Please complete sections 1 - 4 in block capitals using a ball point pen -  
Do not staple forms together. Please return with your completed  
Application form.



1. Name(s) of account holder(s)

Originator's Identification Number

9 7 7 3 0 4

2. Bank/Building Society account number

Branch sort code

3. Name and full postal address of your Bank or Building Society

To: The Manager

Bank/Building Society

Address

Postcode

4. **Signature(s)**

**Date**



Banks and Building Societies may not accept Direct Debit instructions from some types of accounts

**This guarantee should be detached and retained by you, the payer.**

The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme, the efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Elavon Financial Services DAC will notify you within seven working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Elavon Financial Services DAC or your Bank Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You may cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

