



...help is at hand

CONTINUOUS DEBIT CARD AUTHORITY FORM

I/We hereby give you authority to debit our account with the details we have previously provided to you on a weekly/monthly basis.

MONTHLY PAYMENTS:

I/We would like you to take payment on the (please enter date) of each month.

We understand that if we do not wish you to take payment for any reason we will contact you the day before to let you know.

Signed:

Date:

Signed:

Date:

WEEKLY PAYMENTS:

I/We would like you to take payment every(please enter day Monday – Saturday).

We understand that if we do not wish you to take payment for any reason we will contact you the day before to let you know.

Signed:

Date:

Signed:

Date:

Please be aware that we will debit your account at the beginning of the working day therefore it is crucial that you contact us in advance (at least the day before) if you do not want us to take payment. We will not be held responsible for any charges that you may incur as a result of you not doing this.

Should you need to alter the instruction at any time please contact us to let us know on 0845 241 7179.