Christmas Saver Plan

Direct Debit Permission

To, The Bank Manager

	Authority to Accept Direct Debits (Not to operate as an assignment or agreement) Authorisation Code:		

Bank:	Branch:			
Town/City:				
Name of Bank Account:				
Bank Account Payments will be Drawn From:				
Bank Branch	Account Number	Suffix		
Please attach an encoded deposit slip to ensure your nuber is loaded correctly.				
Information to Appear on My/Our Bank Statement: Payer Particulars Payer Code Payer Reference Image: Image				
Signature: Date:				
Bank Use Only:	Original — Retain at Branch			
	Date Recieved:	Bank		
	Recorded by:	Stamp		

Approved

Conditions of This Authority

1. The Initiator

(a) Undertakes to give notice to the Acceptor of the commencement date, frequency and amount <u>at least 10 days</u> before the first direct debit is drawn (but not more than 2 calendar months). This notice will be provided either:

(i) in writing; or

(ii) by electronic mail where the Customer has provided written consent to the Initiator

Checked by: ____

(b) Where the direct debit system is used for the collection of payments which are regular as to frequency but variable as to amounts, the Initiator undertakes to provide the Acceptor with a schedule detailing each payment amount and each payment date.

In the event of any subsequent change to the frequency or amount of direct debits, the Initiator has agreed to give advance notice <u>at least 30 days</u> before the change comes into effect. This notice will be provided either:

(i) in writing; or

(ii) by electronic mail where the Customer has provided written consent to the Initiator

(c) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank

that no further Direct Debits are to be initiated under the Authority. Upon receipt of such.

