



Direct Debit authority

My account to be debited (acceptor)

Name of my bank:

00	0000	0000000000	00
Bank	Branch	Account	Suffix

Initiator's authorisation code

0	2	3	0	6	5	8
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Approved

3065	08/18
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From the acceptor to my bank:

I authorise you to debit my account with the amounts of direct debit instructions received from **SOUTHWELL SCHOOL TRUST BOARD** (the 'Initiator') with the authorisation code specified on this authority and in accordance with this authority until further notice from me.

I agree that this authority is subject to:

- my bank's terms and conditions that relate to my account, and
- the terms and conditions listed below.

Authorised signature/s:	Date:
_____	____ / ____ / ____

Specific conditions relating to notices and disputes

- 1) I agree that the Initiator must give me at least 10 days' prior notice of each direct debit, including the first direct debit in a series.
- 2) Changes to the amounts or dates of a series of direct debits require 30 days' prior notice to me.
- 3) I can also agree with the Initiator to receive a same day notice for direct debits specifically requested by me.
- 4) All notices must be in writing, but can be delivered electronically, if I have agreed that with the Initiator.
- 5) I can also ask you to reverse a direct debit up to 120 days after the direct debit if:
 - I didn't receive proper notice of the amount and date of the direct debit, or
 - I received notice but the amount or date of the direct debit is different from the amount or date on the notice.
- 6) If you dishonour a direct debit but the Initiator retries it within 5 business days of the original direct debit, I understand that the Initiator doesn't need to notify me again about that direct debit.

For Bank Use Only	Date Received:	Recorded by:	Checked by:	BANK STAMP
Original - Retain at Branch Copy - Forward to Initiator if requested				

Payment Plan

Family code (eg SMITH01) _____

Pay 10 equal monthly installments as per payment schedule \$ _____

Other - please specify amount \$ _____