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| --- |
| Set up **a** New **Direct Debit** |

Customer Account Details:

|  |  |
| --- | --- |
| **Account Name:** | **Sort Code:** |
| **Account Number:** |
| Bank Name and Address |  |

Section A – Set up a NEW Direct Debit

|  |  |
| --- | --- |
| Beneficiary Details – (Who do you want to pay?) | |
| **Sort Code** 20 -24 - 09 | **Beneficiary Name** Crewe YMCA Ltd |
| **Account Number** 50301612 | **Reference: (**Use your Name as reference) |
| Payment Details | |
| **Amount of First Payment £** | **Date of First Payment \_ \_ /\_ \_ /\_ \_ \_ \_** |
| **Amount of Usual Payment £** | **Date of Usual Payment \_ \_ / \_ \_ / \_ \_ \_ \_** |
| **Frequency of Payment**  **(Weekly/Monthly/Annually)** | **Date of Last Payment \_ \_ / \_ \_ / \_ \_ \_ \_** |
| **or continue payment Until Further Notice** | **Yes / No**  **Delete as appropriate** |

All relevant sections above must be fully completed for your request to be processed.

Please ensure you sign, print your name and date the form below:-

(Where signing mandate is ‘both or ‘all’ to sign, all relevant parties must sign to authorise.)

**Customer Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Customer Name(s) ----------------------------- ---------------------------------  
  
Customer Contact Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_ \_ / \_ \_ / \_ \_ \_ \_**

Please either post this completed form to your Bank Manager