



Bank of St. Helena Ltd.

www.sainthelenabank.com

# Direct Debit Service Registration

All fields listed below must be completed in full.

Do not sign this form if you are unsure of the commitment you are making

<b>Organisation Name:</b>	
<b>Organisation Address:</b>	
<b>Contact Details</b>	Tel:
	Email:

I/we hereby confirm that:

- the above details are correct and complete;
- I/we understand and agree that in opting for the Bank of St Helena Ltd's Direct Debit Service that I/we have read and accept the applicable Terms & Conditions for Direct Debit and any subsequent products or services, and will operate the Direct Debit Service in accordance with these Terms & Conditions as set by Bank of St Helena Ltd.
- I/we will promptly notify the bank of any changes in the above details.

Please Tick the following box to accept the Terms and Conditions of the Direct Debit Service.

## Authorised Signature 1

Name:

Date:

Signature:

## Authorised Signature 2 (where 2 authorising signatures are required)

Name:

Date:

Signature:

## FOR BANK USE ONLY

Application Approved:

Application Processed:

Agreed DLND:

Agreed Settlement Date: