



Direct Debit Mandate Amendment

All fields listed below must be completed in full.

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

First Name:		Last Name:	
BoSH Account Number:		Account Name:	

AMENDMENT TO BILLING DETAILS

Billing Organisation (the organisation to whom payment is to be made):	
Customer Account Name (with the Billing Organisation):	

Details of Amendment (Please specify below, the change required for your Direct Debit instruction).

I hereby authorise the Billing Organisation to debit my account (identified above) in respect of the amounts requested under the terms of the Direct Debit Service, in accordance with the Service Terms and Conditions, until further notice by me, in writing, to Bank of St Helena Ltd. As per the Service Terms and Conditions, I agree to maintain sufficient funds within the nominated account and authorise Bank of St Helena to deduct any relevant charges should my nominated account enter into an Unauthorised Overdraft. **Tick the following box to accept the Terms and Conditions of the Direct Debit Service.**

Authorised Signature(s):		Date:	
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