



Direct Debit Mandate

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: _____

Home Address (As with Bank of St Helena): _____

Telephone: _____ Email: _____

Mobile: _____ Fax: _____

BILLING DETAILS

Billing Organisation (the organisation to whom payment is to be made):

Customer Reference/ Account Number (with the Billing Organisation):

Customer Account Name (with the Billing Organisation):

Customer Billing Address (with the Billing Organisation, if different to the above address):

PAYMENT DETAILS

Bank of St Helena Account Number:

Bank of St Helena Account Name:

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: _____