

STANDING ORDER

Wrinkle Free

YOUR ACCOUNT DETAILS

Name: _____

Address: _____

Home Telephone No.: _____ Work Telephone No.: _____

E-mail Address: _____

Method of payment (please tick)

Weekly

Monthly

Account Holder's Name: _____

Bank/Building Society account details

To the Manager: Bank/Building Society _____

Branch (Full Postal Address): _____

Branch Code

Bank/Building Society Account No.

Your Instruction to your Bank, and your Signature

- I instruct you to pay Direct Debits from my account at the request of Wrinkle Free.
- I confirm that the amounts to be debited are variable and may be debited on various dates.
- I shall duly notify the Bank in writing if I wish to cancel this instruction.

BENEFICIARY DETAILS

Account Name JOANNE O' RIORDAN

Sort Code 9 0 3 3 1 4

Account Number 2 9 1 5 0 0 2 9

Your Signature(s): _____

Date: _____

The Direct Debit Guarantee:

- This is a guarantee provided by your own Bank as a member of the Direct Debit Scheme, in which all Banks and Originators of Direct Debits participate
- If you authorise payment by Direct Debit, then:
 - Your Direct Debit Originator will notify you in advance of the amounts to be debited to your account
 - Your Bank will accept and pay such debits, provided that your account has sufficient available funds
- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed a prompt refund by your Bank of the amount so charged
- You can cancel the Direct Debit in good time by writing to your Bank