

Direct Debit Amendment

BREAKDOWN

Member's Full Name: _____

Member No _____

Direct Debit Payment: £ _____

Amendment to Existing Direct Debit: Yes / No

Change to Bank details: Yes / No (please attach bank instructions)

Please choose from the following options, when this direct debit will be debited from you bank account:

Weekly Monday: Weekly Tuesday: Weekly Friday: Fortnightly Friday: Monthly 1st: Monthly 15th:

Please specify how you want this payment to be disbursed:

Shares: £ _____

Loan: £ _____

Savings: £ _____

Christmas Savings: £ _____

Family Account: £ _____ Acc No _____

First Direct Debit Payment Due: _____

Member Signature: _____ Date: _____

Official Use Only	
Checked By: _____	Date: _____