



## Instruction to your Bank or Building Society to pay by Direct Debit

Pollok Credit Union The Wedge 1066 Barrhead Road Glasgow G53 5AB  Originator's Identification Number  7 0 6 3 4 9  Reference Number  Instruction to your Bank or Building Society Please pay Pollok Credit Union Direct Debits from the account detailed this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Pollok Credit Union and, if so, details will be passed electronically to my Bank/Building Society  To: The Manager  Postcode  Postcode  Date	riease complete this form using a ball point pen and send it to.											
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	Branch Sort Code  Name and full postal address of your Bank or Building Society	Please this Insi Guaran Credit U	pay Poll truction s tee. I ur Jnion an	ok Credit subject to nderstand d, if so, d	t Union E the safe d that thi	Direct I eguard s Instr	Debits f ds assu uction r	rom to red by may re	y the E emain	irect with F	Debit Pollok	
Postcode Date		Signatu	re(s)									
Postcode Date												
	Postcode	Date										

This guarantee should be detached and retained by the Payer.

Banks and Building Societies may not accept Direct Debit Instructions from some types of account



## The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme.
   The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Pollok Credit Union will notify you 10 working days in advance of your
  account being debited or as otherwise agreed.
- If an error is made by Pollok Credit Union or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

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## **Direct Debit**

## **BREAKDOWN**

	Credit Union Membe	er Number:	<del></del>
	Member's Full Name	<b>9</b> :	
	Direct Debit Paymer	nt: £	
	Please choose from t	he following options, when this c	lirect debit will be credited to your account:
/eekly M	onday: Weekly Tues	day: Weekly Friday: Fortnigh	tly Friday: Monthly 1 <sup>st</sup> : Monthly 15 <sup>th</sup> :
	Please specify how y	ou want this payment to be disbu	ursed:
	Shares:	£	
	Loan:	£	
	Savings:	£	
	Christmas Savings:	£	
	Family Account :	£	
	First Direct Debit Pay	ment Due:	
	Member Signature: _		Date:
		Official Use On	ly
		2 111 2131 2 3 3 1	,
	Checked By:		Date: