Direct Debit Authority



Customer Number:									
Customer Account Name:									
Contact Address:									
Contact Name:	Contact Email/Phone Number:								
My account to be debited (acceptor)		In	itiat	or's: c	auth code		atio	n	
		0	2	0	7	4	7	6	
Name of my bank:			•			·		•	_
				Ар	orov	ed			_
Bank Branch Account	Suffix		074	17		0	2/21		

From the acceptor to my bank:

I authorise you to debit my account with the amounts of direct debit instructions received from

Ravensdown Ltd (the 'Initiator') with the authorisation code specified on this authority and in accordance with this authority until further notice from me.

I agree that this authority is subject to:

- my bank's terms and conditions that relate to my account, and
- the terms and conditions listed below.

Authorised signature/s:		Date:
		/ /

Specific conditions relating to notices and disputes:

- 1) I agree that the Initiator must give me at least 10 days' prior notice of each direct debit, including the first direct debit in a series.
- 2) Changes to the amounts or dates of a series of direct debits require 30 days' prior notice to me.
- 3) I can also agree with the Initiator to receive a same day notice for direct debits specifically requested by me.
- 4) All notices must be in writing, but can be delivered electronically, if I have agreed that with the Initiator.
- 5) I can also ask you to reverse a direct debit up to 120 days after the direct debit if:
 - I didn't receive proper notice of the amount and date of the direct debit, or
 - I received notice but the amount or date of the direct debit is different from the amount or date on the notice.
- 6) If you dishonour a direct debit but the Initiator retries it within 5 business days of the original direct debit, I understand that the Initiator doesn't need to notify me again about that direct debit.