

Direct Debit Authority



Name of my account to be debited (acceptor)

Initiator's authorisation code

1	2	2	3	5	5	6
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Name of my bank

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Bank

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Branch

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Account

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Suffix

From the acceptor to _____ (my bank):
[insert name of acceptor's bank]

I authorise you to debit my account with the amounts of direct debits from Midwifery and Maternity Providers Organisation Limited with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

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

Please include the following information on my bank statement

Authorised signature/s:

Date:

Specific conditions relating to notices and disputes

I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:

- I don't receive a written notice of the amount and date of each direct debit from the initiator, or
- I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give you a written notice of the amount and date of each direct debit no less than 2 business days before the date of the debit.

If the bank dishonours a direct debit but the initiator sends the direct debit a second time within 5 business days of the original direct debit, the initiator is not required to notify you a second time of the amount and date of the direct debit.

For Bank Use Only

Approved	Date Received	Recorded By	Checked By	Bank Stamp
2355				
04/26				