

0023

05|16

Original – Retain at Bank



Stamp

		Merchant Id:	20368	riozcasii s	ystem i	Reference v	ersion: v5
— A. CUSTOMER DE	TAILS —						
*First Name:		 ! *I	ast Name:				
			ast wante.				
Company Name: (if applicable)							
*Address:					Post	Code: ¦	i
*Email:							
Linan.							
*Phone: Home		Work		Mo	bile :		
*IMPORTANT: Please provide o	correct contact details so Flo2Cash o	can notify you of the	payment setup a	nd any amendi	nents tha	t are made to t	his payment pla
— R DERIT ADDANG	GEMENTS/PAYMENT DI	TAII C					
D. DEDIT ARRANC	EMEN13/1 ATMENT DI	LIAILS					
Debit Start Date:	O 15th O 25	8th					
D 10 D							
Debit Duration:	Continue until further not	tice					
[Continue until this date						
Debit Frequency:	> Fortnightly > Mor	nthly	Payme	nt Amount:			
a							
C. DIRECT DEBIT	AUTHORITY ———						
Name of Account Holde		AUTHORITY TO ACCEPT DIRECT DEBITS					
					(Not to	operate as an ag	reement or
Bank Branch:	 					assignment)	
Address (PO Box):	[Aut	horisation	Code
Address (PO box):	L			·i	3 8	0 0 2	3 9
Town/City:							
				·			
Bank Account Number:					111		
Information to own one	Bank Branch		Account Numb	er	9	Suffix	
information to appear o	on my/our Bank Statement		111	11-	1)11	-11;
				L{		{L	
	Particulars Reference						
Authorised Signature		Date					
Approved		Date	Recorded	Checked			
	For Bank use Only	Received	Ву	Ву		Bank	