



Instruction to your
bank or building society
to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

Ballinascreen Credit Union Limited
17/19 St Patricks Street
Draperstown
Co. Derry
BT45 7AJ

Service user number

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Reference

[illegible]

Instruction to your bank or building society

Please pay Bailinascree Credit Union Limited Direct Debits from this account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Bailinascree Credit Union Limited and if so details will be passed electronically to my bank/building society.

Name(s) of account holder(s)

Bank/building society account number

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Branch sort code

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Name and full postal address of your bank or building society

To The Manager

Bank/building society

Access

Postcode

Signature(s)

Date _____

Banks and building societies may not accept Direct Debit Instructions for some types of account

DDI2

This guarantee should be detached and retained by the payer

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Ballinascreen Credit Union Limited will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request Ballinascreen Credit Union Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by Ballinascreen Credit Union Limited or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when Ballinascreen Credit Union Limited asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us

DIRECT DEBIT INSTRUCTIONS

Day of each Month / Week: _____

Commencing: _____

Amount: £ _____

Frequency: WEEKLY

FORTNIGHTLY

FOUR WEEKLY

MONTHLY

General Instructions

Name: _____

Main Account Number: _____

Saving Scheme Number _____

Loan (Including Interest): £ _____

Shares: £ _____

Easy Share Savings: £ _____

Savings Scheme: £ _____

Signed: _____

Other Instructions

Minor Account

Name: _____ Account Number: _____ Savings: £ _____

Name: _____ Account Number: _____ Savings: £ _____

Name: _____ Account Number: _____ Savings: £ _____

Name: _____ Account Number: _____ Savings: £ _____

Signed: _____

Adult Account

Name: _____

Main Account Number: _____

Saving Scheme Number _____

Loan (Including Interest): £ _____

Shares: £ _____

Easy Share Savings: £ _____

Savings Scheme: £ _____

Signed: _____

Name: _____

Main Account Number: _____

Saving Scheme Number _____

Loan (Including Interest): £ _____

Shares: £ _____

Easy Share Savings: £ _____

Savings Scheme: £ _____

Signed: _____