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Name(s) o	f Accou	nt Holders	(s)			Plea This
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Bank/Build	ing Soci	ety Accou	nt Numi	ber.		
Bank Sort C	ode.					
						Telepho
Name & full Society.	postal A	ddress of	your Ba	nnk or Building		Please
To: The Mana	ger			Bank/Building Sc	ociety	account assured instruction
Address						if so, de

Instruction to your Bank or Buildin	ıc
Society to pay by Direct Debit	•

ce User Number

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Please complete you This is not part of Society. For allpay Lim	the instruction	to worm	Donk or	Building
Address				
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	F	ostcode		
[elephone	R	ef:		

## Instruction to your Bank or Building Society.

pay allpay Limited Re: Hilllhead H A Direct Debits from the detailed in this instruction subject to the safeguards by the Direct Debit Guarantee. I understand that this on may remain with allpay Limited Re: Hillihead H A and, etails will be passed electronically to my Bank or Building

Signatures	
Ì	
Date	
<u> </u>	

Reference

Postcode



Banks and Building Societies may not accept Direct Debit Instructions on some types of Account

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, allpay Limited Re: Hillihead H A will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request allpay Limited Re:Hillhead H A 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 allpay Limited Re: Hilllhead H A 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 allpay Limited Re: Hillhead H A 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 Payment Details**

Client Reference Number	
1st Payment Amount	Date of 1st Payment
Subsequent Payments	Next Due Date
Frequency of Payment	
Please enter the details of the c	ustomer, if different from those of the bill payer overleaf:
Name	
Address	
Postcode	

## PLEASE RETURN TO:

Payments will be collected on behalf of:

HILLHEAD HOUSING ASSOCIATION LIMITED

2 MEIKLEHILL ROAD

KIRKINTILLOCH

**G66 2LA**