



**2. Amend my current debit order date (tick the new date required):**

25<sup>th</sup>  3<sup>rd</sup>

Commence my debit order on the following date: \_\_\_\_\_

**3. Amend my current debit order annual increase:**

5%  10%  15%  20%  Other

**4. Amend my debit order bank details as indicated below:**

Please include proof of bank account details with this form in the form of a current bank statement, not older than **3 months**, which reflects the account holders' full name and the bank account number. Please note that no credit card statements will be accepted.

Name of Account Holder

Name of Bank

Branch Name  Branch Code

Account Number  Account Type

**Debit Order Authority**

- I/We hereby request, instruct and authorize the Administrator to draw against my/our account with the bank noted above (or any bank or branch to which I/we may transfer my account).
- I/We understand that all such withdrawals from my/our bank account shall be treated as though they had been signed by me/us personally.
- I/We agree to pay any bank charges and costs relating to the debit order authority, including debit order rejection fees.
- I/We acknowledge that I/we may cancel this authority by giving the Administrator not less than 10 business days' written notice.
- I/We agree that receipt of this instruction by the Administrator (as defined in the Terms and Conditions) shall be regarded as receipt thereof by my/our bank.
- In order to activate the debit order, the Administrator must receive the application form at least 10 business days prior to the first debit order date.
- The debit order will only be actioned on the signing of this Authority.
- Bank reference number on your bank statement will be NPDDTHECYC1

\_\_\_\_\_  
**Signature of bank account holder**

\_\_\_\_\_  
**Date (ccyy-mm-dd)**