

Amend my debit order date: 3rd of the Month 25th of the Month

Start my debit order on _____

Amend Annual Debit Order Increase: _____ %

3. AMEND CURRENT DEBIT ORDER BANK DETAILS

If your bank details have changed since opening your RA account, please supply proof of the new bank details (not older than 3 months).

Name of account holder:

Bank:

Account No.: Account Type: Cheque Savings Transmission

Branch Name: Branch Code:

Please return for with proof of bank details – not older than 3 months)

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 calendar 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 calendar 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 etfSA RA DO/(followed by unique identification number).

Signature of bank account holder

Date (ccyy-mm-dd)