



Instruction to your Bank or Building

Society to pay by Direct Debit

PLEASE FILL IN THE FORM USING A BALL POINT PEN AND RETURN TO THE ADDRESS OVERLEAF \Rightarrow

allpay Limited Re: St Mungo'S	Service Us	Service User Number					
Fortis et Fides Whitestone Business Park, Whitestone,	4	1	8	3	8	5	
Name(s) of Account Holders(s).	This is	not part	-	instructio	n to you	e Number. ur Bank o	
	Address						
Bank/Building Society Account Number.					Postcode		
Bank Sort Code.	Telephone				Ref:		
Name & full postal Address of your Bank or Building Society. To: The Manager Bank/Building Society	Please pa	ay allpay	Limited I	Direct De	bits from eguards a	the accou assured by astruction m	unt detailed the Direc
Address	with allpa to my Ban				s will be	passed e	lectronically
	Signatures						
Postcode	Date						
Reference							

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 will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request allpay 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 allpay 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 allpay 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 Payment Details

Reference Number						
1st Payment Amount	Date of 1st I	Payment				
Subsequent Payments	Next Due D	ate				
Frequency of Payment						
Area Office (if applicable)						
Date of entry onto W ebconnect						
Please enter the details of the customer, if different from those of the bill payer overleaf:						
Name						
Address						
Postcode						

PLEASE RETURN TO:

Payments will be collected on behalf of:
ST MUNGO'S
5TH FLOOR
3 THOMAS MORE SQUARE
TOWER HILL
LONDON
E1W 1YW