

SEPA DIRECT DEBIT AMENDMENT FORM

Member Name: _____

Account Number: _____

Current DD details: **Amount:** € _____ **Freq:** WKLY/FRTLY/MTHLY

Loan Repay Amt as per Credit Agreement. DD No: DD1 () DD2 () DD3 ()

Amendment Details:

Increase to: € _____ or Decrease to: € _____

Breakdown:

L _____: € _____ L _____: € _____ L _____: € _____

please use numerical loan code

CHANGE OF FREQ: Change to: _____ Start Date: _____

Member Signature: _____ Staff: _____

I waive my right to a 14-day pre-notification of my direct debit and accept a 1-day notification.

Signed: _____ Date: _____

I wish to cancel my direct debit.

Signed: _____ Date: _____

Actioned By: _____

Direct debit dept

Date: _____