

Instruction to your Bank to pay Direct Debits



Originators Identification No.(OIN)	3	0	5	1	9	4
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Please complete parts 1 to 4 to instruct your Bank to make payments directly from your account. Then return the form to:-

Pharmacy Supplies Ltd, The Business Centre, Tobermore Road, Draperstown, Co. Derry, BT457AG

Originators Reference (Max 18 chars)	Pharmacy Supplies
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1 Please write the name & full address of your bank & branch)

Bank Branch	
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2 Name of account holder	
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3 Sort Code & Account Number			-			-		

- 4 Your instructions to the Bank, and your Signature
- I instruct you to pay Direct Debits from my account at the request of Pharmacy Supplies Ltd.
 - I confirm that the amounts to be debited are variable and may be debited on various dates.
 - I shall duly notify the Bank in writing if I wish to cancel this instruction. I shall also so notify Pharmacy Supplies Ltd. of such cancellation.

The Direct Debit Guarantee

- This is a guarantee provided by your own Bank as a member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate.
- If you authorise payment by Direct Debit, then
 - Your Direct Debit Originator will notify you in advance of the amounts to be debited to your account
 - Your Bank will accept and pay such debits, provided that your account has sufficient available funds
- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed a prompt refund by your Bank of the amount so charged.
- You can cancel the Direct Debit Instruction in good time by writing to your Bank

Signature (s).....

Date