

NAME OF ACCOUNT:

AUTHORITY  
TO ACCEPT  
DIRECT DEBITS  
(Not to operate as an  
assignment or agreement)

CUSTOMER (Acceptor) TO COMPLETE BANK/BRANCH NUMBER &  
ACCOUNT NUMBER & SUFFIX OF ACCOUNT TO BE DEBITED

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Bank Branch Number

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Account Number

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Suffix

Authorisation Code

0	3	0	1	3	1	3	
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TO: The Manager, (Please Print Full Postage Address Clearly for window envelope)

BANK BRANCH	
ADDRESS (PO BOX)	
TOWN/CITY	

DATE: \_\_\_\_\_

I/We authorize you until further notice in writing to debit my/our account with you all amounts which -

***Crester Credit Co Ltd***

(hereinafter referred to as the Initiator)

the registered Initiator of the above Authorization Code, may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT (TO BE COMPLETED BY INITIATOR).

Payer Particulars

Payer Code

Payer Reference

C	R	E	S	T	E	R						
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NAME OF ACCOUNT – CUSTOMER TO COMPLETE

\_\_\_\_\_  
\_\_\_\_\_

AUTHORISED SIGNATURE(S)

FOR BANK USE ONLY:

0131	
10	1992

Date  
Received:

Recorded  
By:

Checked  
By:

\_\_\_\_\_  
BANK STAMP

Original - Retain at Branch

Copy - Forward to Initiator if requested