

Direct Debit Mandate

Name

d / m m / y y y y

Credit Card

What you need to do

To ensure your application is not delayed:

- Please complete all sections in BLOCK CAPITALS
- Please ensure the correct person/s sign the Mandate.

Where to send form:

FREEPOST LICENCE NO. RSUX-CJRA-KULS BARCLAYCARD COMMERCIAL PO BOX 4000 WIGSTON LE18 9EN

For more information, please visit www.barclaycard.co.uk/commercial

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 Barclaycard Commercial will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request Barclaycard Commercial 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 Barclaycard Commercial 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 Barclaycard Commercial 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.

| Originator's ID No. 431084 Please complete all sections below. Name of account (as shown on cheque book) |
|---|
| Name of bank or building society |
| |
| Branch sort code |

| Bank or building society account number |
|---|
| |
| Instruction to your bank or building society |
| Please pay Barclaycard Commercial Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Barclaycard Commercial and, if so, details will be passed electronically to my bank/building society. |
| |
| Monthly Payment - please tick one option only |
| Minimum payment This box must be ticked for a minimum payment to be made to your card account by Direct Debit. |
| Full payment This box must be ticked for a full payment to be made to your card account by Direct Debit |
| Fixed amount This box must be ticked and the value box populated for a set monthly amount to be made to your account. Please note, if at any time the minimum monthly payment is greater than the fixed amount you have set, the minimum amount will be taken instead. |
| Amount £ |
| |
| Bardaycard Commercial Account Number (as shown on the top of your Bardaycard Commercial monthly statement) |
| |
| Please sign below to authorise your Direct Debit Mandate. |
| Signature X |
| Name |
| |
| Date |
| d d / m m / y y y y |
| If your Organisation requires two signatures to authorise a Direct Debit, please also complete; |
| Signature X |