



Please tick preferred option:

Instruction to your Bank or Building Society

to pay by Direct Debit

SUNDRY INCOME TEAM

	Originator's identification number										Moi	nthly	G	Quarterly
Your name:	9	7	3	0)	5	0						or	
Address:	Reference number (Council to complete)													
Postcode:		ount I												
Name(s) of account holder(s)		Ad	dres	s on v	vhic	h yo	u ar	e pa	ayin	g th	is bil	l (if di	fferei	nt)
	Address:													
Bank/Building Society account number														
Branch sort code	Instruction to your Bank or Building Society Please pay Mansfield District Council Direct Debits from the account detailed in the instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Mansfield District Council and, if so, details may be passed electronically to my Bank/ Building Society.												e Direct ith	
Name and full postal address of your Bank or Building Society To: The Manager Bank/Building Society	Signature(s):													
Address:	 Te													
Postcode:														

This guarantee should be detached and retained by the Payer

