

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

Authorisation Code 0301313

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

Table with 2 columns: Field Name (BANK BRANCH, ADDRESS (PO BOX), TOWN/CITY) and empty space for address details.

DATE:

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

Crestor 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

CRESTOR [grid boxes]

NAME OF ACCOUNT - CUSTOMER TO COMPLETE
AUTHORISED SIGNATURE(S)

0131
10 1992

FOR BANK USE ONLY:
Date Received: Recorded By: Checked By:
Original - Retain at Branch
Copy - Forward to Initiator if requested
BANK STAMP