

SAVINGS DIRECT DEBIT APPLICATION FORM

 The Manager
 LB Finance PLC

 Date

D	D	M	M	Y	Y	Y	Y
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Dear Sir,

I/We hereby authorize to execute the following debit instructions on my/our behalf and debit my/our account with you accordingly.
 Note: Please write in clear BLOCK CAPITALS. Mark (✓) where applicable and strike off sections that are not applicable.

SAVINGS ACCOUNT DETAILS

Name of Applicant/s :																							
Address :																							
Account No. : <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>													Telephone No. : <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>										
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DETAILS OF BENEFICIARY

Name of Applicant/s :	
Address :	
Vehicle No:	Reference No:
Contract No:	Branch:

DEBIT INSTRUCTIONS

Amount: Any amount due in above contract	Payment Frequency : <input type="checkbox"/> Until Settled								
Amount in words: Any amount due in above contract									
First Payment Date* : <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Mode of Payment :									
Special Instructions :									

In view of your undertaking to make these remittances, it is expressly understood that LB Finance PLC is relieved from all claims for loss, which may arise through error, omission or delay. It is understood that in the event of there being insufficient funds available in my/our account to meet the payment on the date specified, LB Finance PLC cannot accept responsibility and for ensuring that the instructions are carried out when funds subsequently become available. I/We understand that if there are insufficient funds in my/our account on three consecutive occasions, LB Finance PLC may cancel this instruction, with advice to me/us. Any charges levied (including service chargers, postage & stamp duty) may be debited to my/our account mentioned above.

 Signature of Applicant/s

 Signature of Applicant/s

 Signature of Applicant/s

Branch Approval
Central Operations Unit - Corporate Office

..... Authorized Signature EPF No Manager/ICO Signature Date Prepared by Checked by Authorized by
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