

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 The Equitable Life Assurance Society will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request The Equitable Life Assurance Society to collect a payment, confirmation of the amount and date will be given to you at the time of the request
 - If you receive a refund you are not entitled to, you must pay it back when The Equitable Life Assurance Society asks you to
- If an error is made in the payment of your Direct Debit, by The Equitable Life Assurance Society 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
- 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.

For security and training purposes, telephone calls may be recorded. Authorised and regulated by the Financial Services Authority.
 The Equitable Life Assurance Society is a mutual society registered in England No. 37038.
 Registered Office : 20 – 22 Bedford Row, London, WC1R 4JS, United Kingdom.



The Equitable Life Assurance Society Walton Street, Aylesbury, Bucks. HP21 7QW

Instruction to your Bank/Building Society to pay direct debits



Founded 1762 Please complete boxes 1-4, sign and date the form and send it to: The Equitable Life Assurance Society.

1 Name(s) of account holder(s)

Originator's identification number

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2 Bank/Building Society account number

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Originator's reference number

3 Sort code (from the top right hand corner of your cheque)

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For office use only

4 Name and full postal address of your Bank/Building Society

Your instructions to the Bank/Building Society.
 Please pay The Equitable Life Assurance Society direct debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.

To: The Manager	Bank/Building Society
Postcode	

I understand that the instruction may remain with The Equitable Life Assurance Society and if so details will be passed electronically to my Bank/Building Society.

Signature(s)

Date 20

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