

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 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
 - If you receive a refund you are not entitled to, you must pay it back when The Equitable Life Assurance Society 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.



The Equitable Life Assurance Society

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.

PO Box 484, Walton Street, Aylesbury Bucks HP21 7WW

1 Name(s) of account holder(s)

Originator's identification number

| | | | | | |
|---|---|---|---|---|---|
| 3 | 0 | 0 | 5 | 3 | 2 |
|---|---|---|---|---|---|

2 Bank/Building Society account number

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Originator's reference number

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

| | |
|--|--|
| | |
|--|--|

 -

| | |
|--|--|
| | |
|--|--|

 -

| | |
|--|--|
| | |
|--|--|

For office use only

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

Your instructions to the Bank/Building Society.

Please pay Direct Debits from my/our account at the request of The Equitable Life Assurance Society, subject to the safeguards assured by the Direct Debit Guarantee.

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.

| | |
|-----------------|-----------------------|
| To: The Manager | Bank/Building Society |
| | |
| | |
| | |

Signature(s)

Date 20

For security and training purposes, telephone calls may be recorded. A member of the Irish Insurance Federation and the Insurance Ombudsman of Ireland Scheme.
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.