

WORKERS FUND

DIRECT DEBIT TRANSFER FORM

OIN **CG07622201324**

CUSTOMER INFORMATION

NAME _____
ADDRESS _____
PHONE NUMBER _____
POLICY NUMBER _____
POLICY TYPE _____

DIRECT DEBIT INSTRUCTIONS

CONTRIBUTION: GH¢ _____

AMOUNT IN WORDS: _____

DATE OF FIRST DEDUCTION

DD	MM	YYY

SUBSEQUENT DEDUCTIONS

PLEASE TICK

MONTHLY	<input type="checkbox"/>
YEARLY	<input type="checkbox"/>
QUATERLY	<input type="checkbox"/>

SPECIFIC DATE FOR SUBSEQUENT DEDUCTIONS

CLIENT'S BANK ACCOUNT DETAILS

NAME OF BANK: _____

BRANCH NAME: _____

ACCOUNT TYPE CURRENT SAVINGS OTHER

ACCOUNT NAME _____

SORT CODE

ACCOUNT NUMBER

I/WE THE UNDERSIGNED HEREBY AUTHORISE THE BANK TO DEDUCT MY PERIODIC PAYMENT AS STATED ABOVE FOR THE BENEFIT OF WORKERS FUND. SUBJECT TO THE PROTECTION PROVIDED BY THE DIRECT DEBIT SCHEME TERMS AND CONDITIONS STATED BELOW

CLIENT SIGNATURE _____ DATE _____

CLIENT SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

VERIFIED BY _____ DATE _____

Terms and conditions of the Direct debit scheme

- The effectiveness of the Direct Debit scheme is supervised and protected by all parties involved.
- The client has the right to cancel a Direct Debit mandate before the deduction date stated above by writing to his/her bank and sending a copy of such cancellation to Workers Fund.
- If an error is made by any of the parties, the client is guaranteed a full and immediate refund to own bank account by the originator of the error.