



# Instruction to your bank or building society to pay by Direct Debit

Service user number

2 8 9 7 4 5
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FOR BAYWATER HEALTHCARE OFFICIAL USE ONLY

This is not part of the instruction to your bank or building society

Name(s) of account holder(s)

Please fill in the whole form and send it to:

**Baywater Healthcare** Wulvern House Electra Way Crewe, Cheshire

**CW1 6GW** 

Bank/building society account number

## Branch sort code

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## Name and full postal address of your bank or building society

To the manager	Bank/building society
Address	
	Post code

#### Reference

Banks and building societies may not accept Direct Debit instructions for some types of account

This guarantee should be detached and retained by the payer.





- 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 Baywater Healthcare will notify you two working days in advance of your account being debited or as otherwise agreed. If you request Baywater Healthcare 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 Baywater Healthcare 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 Baywater Healthcare 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.

#### Instruction to your bank or building society

Please pay Baywater Healthcare Direct Debits from the account detailed in this instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Baywater Healthcare and, if so, details will be passed electronically to my bank/building society.

Signature(s)	
Date	