

Crystal Payroll™

Name of account to be debited:

**AUTHORITY
TO ACCEPT
DIRECT DEBITS**
(Not to operate as an
assignment or agreement)

Account details:

Bank	Branch	Account Number	Suffix
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To: The Manager, (Please Print Full Postal Address Clearly for Window Envelope)

Bank Branch

.....

Address (P O Box)

.....

Town/City

.....

AUTHORISATION CODE

1	2	0	9	6	2	4
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Date _____

I/We authorise you until further notice in writing to debit my/our account with you all amounts which

CRYSTAL PAYROLL LIMITED
(hereinafter referred to as the Initiator)

the registered Initiator of the above Authorisation Code may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

Information to appear in my/our bank statement

PAYER PARTICULARS	PAYER CODE	PAYER REFERENCE
<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF ACCOUNT

AUTHORISED SIGNATURE(S)

<p>Approved</p> <p><u>0962</u></p> <p>08/08</p>	<p>For Bank Use Only</p>	Date Received:	Recorded By:	Checked By:	<p>BANK STAMP</p>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	