



Please fill in all the un-shaded areas of this form, including the Official Use box, using a ballpoint pen and return it to:

<p>Business Rates Service Wakefield MDC Civic Centre, Ferrybridge Road, Castleford WF10 4JH</p>

Names(s) of Account Holder(s):

Bank/Building Society Account Number:

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Branch Sort Code:

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Name and full address of your Bank/Building Society:

<i>To: The Manager</i>

Mandate Reference Number (Council to insert):

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Banks/Building Societies may not accept Direct Debit Instructions for some types of account.

Instruction to your Bank or Building Society to pay by Direct Debit

Originator's Identification Number:

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FOR W.M.D.C. OFFICIAL USE ONLY:

This is not part of the instruction to your Bank/Building Society

Your Name:

Property Address:

BUSINESS RATES REFERENCE NUMBER:

From your Demand Note

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TICK YOUR PREFERRED PAYMENT DATE:

	<u>1st</u>		<u>14th</u>		<u>25th</u>
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Instruction to your Bank/Building Society:

Please pay Wakefield M.D.C. 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 Wakefield M.D.C. and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s):

Date:

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2007 3D

✂ ----- Please detach and keep the lower portion -----

The Direct Debit Guarantee

- ▶ This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- ▶ If the amounts to be paid or the payment dates change, Wakefield M.D.C. will notify you ten working days in advance of your account being debited, or as otherwise agreed.
- ▶ If an error is made by Wakefield M.D.C. or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch, of the amount paid.
- ▶ You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.