

Please fill in the form using a ballpoint pen and send to your organisation. Payments will be collected by:

Allpay.net Limited
Fortis et Fides
Whitestone Business Park
Whitestone
HEREFORD
HR1 3SE

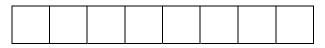
Name(s) of Account Holder(s):

Bank/Building Society account number:

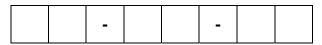
Allpay.net Limited Reference Number.

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Branch Sort Code:



Name & full postal Address of your Bank/Building Society:

To: The Manager

Bank/Building Society

Address:

Postcode

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For Official use only

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This Guarantee should be detached and retained by the Payer.

Banks and Building Societies may not accept Direct Debit instructions on some types of account

The Direct Debit Guarantee

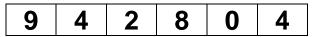


- This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amount to be paid or the payment dates change allpay.net Limited will notify you 10 working days in advance of your
 account being debited or as otherwise agreed.
- If an error is made by allpay.net Limited 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.



Instructions to your Bank or Building Society to pay by Direct Debit.

Allpay.net Limited's Originator's Identification Number.



This is not part of the instruction to your Bank or Building Society. Please complete the address and telephone number of the person paying the Direct Debit

Address:

Postcode:

Telephone:

Ref:

Instruction to your Bank or Building Society

Please pay allpay.net Limited 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 allpay.net Limited and, if so, details will be passed electronically to my Bank or Building Society.

Signature(s)		
Date:		

Reference Number						
1 st Payment Amount	Da	te of 1 st Payment				
Subsequent Payments		Next Due Date				
Frequency of Payments						
Area Office (if applicable)						
Date of entry onto WebconnecT:						
Please enter the details of the customer, if different from those of the bill payer overleaf:						
Name:						
Address:						
Postcode:						

Payments will be collected on behalf of:

Govan Housing Association Ltd 35 McKechnie Street Govan GLASGOW Strathclyde G51 3AQ