

District Heating System Direct Debit Authorization

Customer Details

Full Name

Address

Customer Account Number

Contact Number

Bank Details

Bank Name

Branch

Sort Code

Account Holder Name

Bank Account Number

Payment Details

Preferred Payment Date

Amount (if fixed)

By signing this form, I authorize the District Heating System provider to debit the above account for heating charges as agreed. This authorization shall remain in effect until revoked in writing.

Signature

Date