

Direct Debit details

Plan number

Please return this form to: Bright Grey, 2 Queen Street, Edinburgh EH2 1BG

You must complete this form if:

- the person, or people, paying for the plan are not the applicant(s); or
 - more than one signature is required to authorise payments for the plan.
-

So that we can identify the plan when you return this form, please give us the full name of the person or people covered

| Person 1 | |
|---------------|--|
| name | <input type="text"/> |
| postcode | <input type="text"/> |
| date of birth | <input type="text"/> / <input type="text"/> / <input type="text"/> |

| Person 2 | |
|---------------|--|
| name | <input type="text"/> |
| postcode | <input type="text"/> |
| date of birth | <input type="text"/> / <input type="text"/> / <input type="text"/> |

Please give us the name of the individual or company who will be paying for the plan.

| | |
|---|--|
| name | <input type="text"/> |
| If an individual is paying for this plan, we may need to verify their identity. So that we can do this, please give us their home address and date of birth. | |
| address | <input type="text"/> |
| postcode | <input type="text"/> |
| date of birth | <input type="text"/> / <input type="text"/> / <input type="text"/> |

| | |
|---|----------------------|
| name | <input type="text"/> |
| If a company is paying for this plan, we may need to ask for more detailed information when we receive your application. | |
| type of company | <input type="text"/> |
| trading address | <input type="text"/> |
| postcode | <input type="text"/> |

How would you, or the person paying for this plan, like to pay?

Depending on the start date of your plan, the first payment may not be collected on the day you choose. We will write to you at least 10 working days before we collect the first payment.

Monthly by Direct Debit

We will take payments from your account on the same day of the month as the start date of your plan. (e.g. 1st, 10th, etc).

If you would prefer to choose a different day of the month please tell us below.

| | | |
|------|----------------------|----------------------------------|
| date | <input type="text"/> | (between 1st and 28th inclusive) |
|------|----------------------|----------------------------------|



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



Name and full postal address of your Bank or Building Society

| | |
|-----------------|-----------------------|
| to: the manager | Bank/Building Society |
| address | |
| | |
| | |
| postcode | |

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

Originator's Identification Number

Reference

Instruction to your Bank or Building Society

Please pay Bright Grey Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this may remain with Bright Grey and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

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.



The Direct Debit Guarantee

- This Guarantee is offered by all banks or 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, Bright Grey will notify you 10 days in advance of your account being debited or as otherwise agreed.
- If Bright Grey or your bank or building society make an error, you're 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.

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