

DEBIT ORDER MANDATE FORM

1. Establish direct debit deductions for the first time
2. Amend direct debit (Account/amount/Dates)
3. Cancel Direct Debit instruction

CUSTOMER DETAILS

First Name: Surname:
 ID type: Omang Passport ID Document No:
 Mobile Number: Email Address:

BANKING DETAILS (Where the direct debit is to be collected from)

Account Names	Bank	Account number	Bank code	Branch code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I authorize First Capital Bank to deduct the sum of
 effective on the from the above banking details on a monthly basis until cancelled
 in writing by the account holder.

Client Signature: Date:

OFFICIAL USE

Received by: Date:

Verified by: Branch Stamp

NOTE:

1. All instructions must have a copy of the bank statement as proof of account.
2. Should the direct debit be unpaid for 3 consecutive months, First Capital Bank shall delete the instruction without notice to the customer.
3. Where a direct debit falls due on a weekend or holiday, collection will be on the next business day.
4. Failure to complete this application in a required manner may lead to your instruction being delayed or not carried out at all.