

Hampshire Trust Bank

Name and full postal address of your bank or building society

Postcode

To: The Manager

Address

	iU	pa
Please fill in the whole form using a ball point pen and send it to:		
HAMPSHIRE TRUST BANK PLC 55 Bishopsgate London EC2N 3AS		
	Servic	e user
	6	0
Name(s) of account holder(s)	Refere	ence
	Instruc	
Bank/building society account number	Please detailed Direct I with Ha electror	d in this Debit G ampshir
Branch sort code		

Instruction to your bank or building society to pay by Direct Debit

Servic	e user n	-								
6	0	0	0	3	6					
Reference										

your bank or building society

ampshire Trust Bank PLC Direct Debits from the account Instruction subject to the safeguards assured by the uarantee. I understand that this Instruction may remain e Trust Bank PLC and, if so, details will be passed o my bank/building society.

Signature(s)			
Date			
Date			

Banks and building societies may not accept Direct Debit Instructions for some types of account

Bank/building society

DDI2

This guarantee should be detached and retained by the payer.

