

DIRECT DEBIT AUTHORIZATION FORM

GHANA'S GOLDEN HOMECOMING LLC

Originator's Identification Number

G G H L L C 0 1 7

1. PERSONAL DETAILS

SURNAME

OTHER NAMES

POSTAL ADDRESS

EMAIL ADDRESS

MOBILE NUMBER

EMPLOYER

NATURE OF BUSINESS
(if self employed)

2. PAYMENT DETAILS

ACCOUNT NUMBER

AMOUNT

AMOUNT IN WORDS

FREQUENCY OF DEDUCTIONS FIRST INSTALLMENT SECOND INSTALLMENT THIRD INSTALLMENT
PAYMENT -30TH SEPT. PAYMENT - 30TH OCT. PAYMENT - 10TH NOV.

DATE OF FIRST DEDUCTION:

NUMBER OF DEDUCTIONS END DATE UNTIL FURTHER NOTICE

3. INSTRUCTION TO BANK

NAME OF BANK

BRANCH WHERE ACCOUNT IS HELD:

ACCOUNT TYPE: CURRENT SAVINGS OTHERS

ACCOUNT NAME:

ACCOUNT NUMBER:

SORT CODE:

BRANCH CODE:

DECLARATION

I/We, the undersigned hereby authorized my/our bank, to deduct my /our contribution for the benefit of as indicted above subject to the terms and conditions provided below. I/We hereby indemnify Ghana Golden Homecoming LLC against any claim or liability that may arise but not limited to the provision of wrong bank details or any other error in instructions from me/us in respect of which Speciality acts in implementing my/our direct debit.

TERMS & CONDITIONS

- The customer hereby agrees to keep the account on which the direct debit scheme applies adequately funded at all times during the tenor of the scheme to cover the amount to be deducted as well as charges for each transaction.
- The originator hereby agrees to implement the mandate to the letter and any errors thereof will result in the full and immediate refund to the customer's account held with the originator
- Charges may apply

CLIENT SIGNATURE(S) _____

DATE

4. INTERNAL USE ONLY

REVIEWED BY:

DATE: