

Direct User Company logo and name

## Direct Debit Request

<b>Request and Authority to debit the account named below to pay</b>			
Name of Debit User			
<b>Request and Authority to debit:</b>			
Full name or company name			
I/We request and authorise (Name) _____ (ID Number) _____ ("you") to arrange for any amount (you may debit or charge me/us) to be debited through the direct debit arrangement from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided below.			
<b>Financial Institution Information</b>			
Financial institution name		Address	
Telephone no.	Fax	Postcode	Country
<b>Insert details of account to be debited</b> Account details		Please debit my account in <input type="checkbox"/> BMD <input type="checkbox"/> USD	
<b>Acknowledgment</b>			
By signing this Direct Debit Request I/we acknowledge having read and understood the terms and conditions governing the debit arrangements between you and me/us as set out in this Direct Debit Request and in the Direct Debit Agreement/or Terms and Conditions.			
<b>Payment Details (Optional Section)</b>			
The maximum amount to be debited at any one time is: \$		Amount in words	
Or The first debit may be made on ___ / ___ / ___ and at <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> half yearly <input type="checkbox"/> intervals after that or Debits may be made 14 (fourteen) days after the issue of a billing advice			
Signature		Address	
(If signing for a company, sign and print full name and capacity for signing e.g. director)		Postcode Country	
Print Name		Capacity	
Date		<b>*SAMPLE - For informative purposes only. This document does not bind HSBC Bank Bermuda Limited and/or its subsidiaries.</b>	

[www.hsbc.bm](http://www.hsbc.bm)HSBC Bank Bermuda Limited  
37 Front Street, Hamilton HM 11, Bermuda

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