



PLEASE FILL IN THE FORM USING A BALL POINT PEN
AND RETURN TO THE ADDRESS OVERLEAF →

allpay Limited Re:
One Vision Housing
Fortis et Fides
Whitestone Business Park,
Whitestone,
Hereford. HR1 3SE

Name(s) of Account Holders(s).

Bank/Building Society Account Number.

--	--	--	--	--	--	--	--

Bank Sort Code.

--	--	--	--	--	--

Name & full postal Address of your Bank or Building Society.

To: The Manager	Bank/Building Society
Address	
Postcode	

Reference

O	V	L	E								
---	---	---	---	--	--	--	--	--	--	--	--

Banks and Building Societies may not accept Direct Debit Instructions on 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 and building societies that accept instructions to pay Direct Debits.
- ° If there are any changes to the amount, date or frequency of your Direct Debit, allpay Limited re One Vision Housing will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request allpay Limited re One Vision Housing to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- ° If an error is made in the payment of your Direct Debit by allpay Limited re One Vision Housing or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when allpay Limited re One Vision Housing asks you to.
- ° You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.



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

Service User Number

5	0	6	7	1	0
---	---	---	---	---	---

Please complete your Address and Telephone Number.

This is not part of the instruction to your Bank or Building Society. For allpay Limited re One Vision Housing official use only.

Address	
	Postcode
Telephone	Ref:

Instruction to your Bank or Building Society.

Please pay allpay Limited re One Vision Housing Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with allpay Limited re One Vision Housing and, if so, details will be passed electronically to my Bank or Building Society.

Signatures
Date

Direct Debit Payment Details

Reference Number			
1st Payment Amount		Date of 1st Payment	
Subsequent Payments		Next Due Date	
Frequency of Payment			
Area Office (if applicable)			
Date of entry onto Webconnect			
Please enter the details of the customer, if different from those of the bill payer overleaf:			
Name			
Address			
Postcode			

PLEASE RETURN TO:

Payments will be collected on behalf of:

**ONE VISION HOUSING
ATLANTIC HOUSE
DUNNINGSBRIDGE ROAD, BOOTLE**

L30 4TH