

DIRECT DEBIT AUTHORIZATION FORM

	OIN Number: I 9 I 8 C S I 3 I 3 5 2 0 0 I	
I. Customer Details		
Name:	Surname:	
Pensions Account Number (PAN):	Tel./Cell Number:	
Email Address:		
2. Payment Details		
New: Amend:		
Contribution Deduction: GHS		
Date of First Deduction: DDMMYYYY		
Subsequent Deductions: Daily Weekly Mo	nthly Quaterly Yearly	
Day of Every Deduction: DDMMYYYY until further notice in writing/until DDMMYYYYY		
Account to be credited:		
Account Name:		
Bank:	Branch:	
3. Instruction to Bank (Bank Deduction)		
Name of Bank:		
Branch where Account is held:	Sort Code:	
Business Location:		
Type of Account: Current Savings Other	Bank Account Number:	

I/ We the undersigned hereby authorize the bank to deduct my/our monthly contribution for my/our investment as indicated above subject to the terms and conditions provided below. Metropolitan Pensions Trust is hereby indemnified against any claim or liability that may arise but not limited to my/our providing the wrong bank details or any other error in my/our instructions in respect of which Metropolitan Pensions Trust acts in implementing my/our direct debit authorization.

I/We understand that the withdrawals hereby authorised will be processed through an automated clearing house platform provided by GHiPSS.

TERMS AND CONDITIONS

- The efficiency of the Direct Debit scheme is monitored and protected by all parties involved.
- If an error is made by any of the parties involved, you are guaranteed a full and immediate refund to own bank account by the originator of the error.
- The client can cancel this mandate at any time by writing to Metropolitan Pensions Trust, copied to client's bank within 20 days in advance of your account being debited, but you understand that you shall not be entitled to any refund of amounts which may have already been withdrawn while this authority was in force.
- Metropolitan Pensions Trust has agreed to advance notice of the amount at least 10 days before the date of first debit. The notice will be provided by electronic means by e-mail and SMS where the customer has provided them
- Where there are insufficient funds in the Client's bank account to honour the Client's obligations under the Direct Debit Mandate, the Client's investment account will be debited with GH¢ 1.00 for such failure accordingly.

Client Signature:	

INTERNAL USE ONLY

Reviewed by:

Date: DDMMYY