

DIRECT DEBIT AUTHORIZATON FORM		Serial No	
		Date	dd/mm/yyyy
1. Paying Bank Details (to be filled by the applicant)		Paying Bank copy Billing Organization copy Customer copy	
To the Manager(Paying Bank)(Paying Branch)			
2. Applicant/s Details (to be filled by the applicant)			
My / Our Name/s			
Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
3. Beneficiary Details (to be filled by the Beneficiary)			
Name of Account to be Credited/ Beneficiary			
Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Bank Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Branch Code <input type="text"/> <input type="text"/> <input type="text"/>			
Bank Name			
Branch Name			
4. Direct Debit Instructions (please ✓ where applicable and to be filled by the applicant)			
Payment Frequency : Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/>			
Other (Please specify)			
Start Date: <input type="text"/> dd/mm/yyyy		End Date: <input type="text"/> dd/mm/yyyy	
Purpose/ Transaction type of Payment :			
Limit for each Payment: <input type="text"/> LKR		Amount in words (LKR.):	
Mandatory Reference No. (eg: Policy No, Account No, Telephone No, Ect.):			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		(maximum length 15 characters)	
If paid on behalf of third party his/her name:			
5. Applicant's Declaration			
I/We hereby			
(a) authorize			
M/s.....			
to initiate and you to process debits to my/our account not exceeding the Limit indicated, notwithstanding that to do so may result in an overdraft or an increase of the overdraft on my/our account provided that you will be entitled not to honor such payment should my/our account not contain the necessary funds and provided further that you are under no obligation to ascertain whether or not notice of the bill underlining the debit has been given to me/us.			
(b) further understand that should the debtor be someone other than my self/our selves you will not be concerned or required to inquire whether the debtor's name on the record of the party to be credited is the same as that herein stated by me/us.			
(c) agree to indemnify you against any claims or losses which you may incur or sustain in consequence of this authorization. This authorization shall continue until end date of the contract stated in Cage (4) or until I/We have expressly revoke it by notice in writing delivered to you, it being understood that you may in your absolute discretion determine this arrangement by giving written notice to my/our address last known to you.			
Date: <input type="text"/> dd/mm/yyyy		<div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto;"></div> Signature/s of Applicant/s	
6. For Paying Bank Use Only			
Bank Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Branch Code <input type="text"/> <input type="text"/> <input type="text"/>	
The Direct Debit Authorization in respect of the account in Cage (2) is hereby ACCEPTED/REJECTED.			
If rejected, reason.....			
Date: <input type="text"/> dd/mm/yyyy		Authorized Signature& Seal:	

Instructions

Please fill in BLOCK CAPITALS

Cage (1) Paying Bank Details - Indicate the name of the bank and the branch where the account of the party giving this authorization, is maintained.

Cage (2) Applicant/s Details - Indicate the name of the party who is giving this authorization and the number of the bank account to be debited.

Cage (3) Beneficiary Details - Shall be filled by the billing organization (Beneficiary) prior to dispatching the DDA form to their client (Customer).

Cage (4) Direct Debit Instructions -

a. You may, if you wish, place a limit on the amount payable on each payment. If so, indicate the amount. (Please note that in the event of a claim being received for over 01 cent above this limit, it will be dishonored. Therefore due care should be exercised in deciding on a limit) If you do not wish to place a limit please state "NIL".

b. The Mandatory reference number of the billing organization for the customer/debtor shall be indicated here.

c. If the payments are to be made on behalf of a third party, please indicate the name of the customer/debtor.

Cage (5) Applicant's Declaration - To be completed by the account holder. The applicant shall place his signature on the space adjacent to it.

Cage (6) For paying bank use only - Shall be filled by the "Paying Bank"

Notes

a. Please ensure that the applicant signs this form the usual way in which he/she/they sign on the bank account.

b. Debits effected under this agreement are subject to Government Stamp duty at the prevailing rate per transaction.

Flow of the DDA form

a. The Billing Organization should fill the cage 3 of all three copies (Paying Bank copy/Billing Organization copy/Customer copy) and forward them to their Customer.

b. The Customer shall forward all copies to his Bank (Paying Bank) with the relevant sections duly completed.

c. The Paying Bank shall take appropriate action to set up the DDA and forward duly completed Customer's Copy to the Customer and Billing Organization copy to the Billing Organization/Beneficiary within 7 working days, retaining the original for their files.