



Please fill in the form using a ball point pen and send to:

allpay Limited Re: Hightown Housing Association Hightown House, Maylands Avenue Hemel Hempstead, Hertfordshire HP2 4XH

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

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Name(s) of Account Holder(s).	This is not part of the instruction to your Bank or Building Society. Please complete your address and telephone number.			
	Address:			
Bank/Building Society Account Number.				
	Postcode:			
Branch Sort Code.	Telephone: Ref:			
Name & full postal Address of your Bank or Building Society. To: The Manager Bank/Building Society	Please pay allpay Limited 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 and, if so, details will be passed electronically to my Bank or Building Society.			
Address	Signature(s)			
Postcode	Date			
Reference				
H T P R				

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 will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request allpay Limited 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 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 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.

Direct Debit Payment Details

Reference Nu	mber			
1 st Payment Amount			Date of 1 st Payment	
Subsequent Payments			Next Due Date	
Frequency of	Payment			
Area Office (if	f applicable)			
Date of entry	onto Webconnect			
Please enter t	the details of the co	ustomer, if differe	ent from those of the bill p	ayer overleaf:
Name				
Address				
Post Code				

Payments will be collected on behalf of :

Hightown Housing Association
Hightown House
Maylands Avenue
Hemel Hempstead
Hertfordshire
HP2 4XH