



DIRECT DEBIT INSTRUCTIONS

Laya Healthcare Membership /
Quotation Number:

Please write the full name and address of your bank or building society.

To: The Manager

Name of Account Holder(s)

Account Number:

Bank Sort Code:

Monthly

Quarterly

Annually

A credit charge applies if paying by installments.

Note: Direct Debits are collected the first working week of each month.

Declaration:

I/we instruct you to pay direct debits from my/our account at the request of laya healthcare. The amounts are variable. Laya healthcare may change the amounts and dates only after giving prior notice. I/we will inform the bank/building society in writing if I/we wish to cancel this instruction. I/we understand that if any direct debit is paid which breaks the terms of this instruction, the bank/building society will make a refund.

Signature(s):	Date:

Laya Healthcare Limited Identification Number: **301467**

(Banks and building societies may refuse to accept instructions to pay direct debits from some types of account.)