

**DIRECT DEBIT INSTRUCTION**  
**Instruction to your Bank or Building Society to pay Direct Debits**



Please fill in the whole form in block capitals using black/blue ink and send it to:  
 Sky Business, P.O. Box 1805, Livingston, West Lothian EH54 7XG.

Originator's Identification Number

9 4 2 7 6 1

1. Name and full postal address of your Bank or Building Society Branch  
 To: The Manager

Bank/Building Society

Address:

Post Code:

Reference Number

5. Instruction to your Bank or Building Society, Please pay SSSL Direct Debits from the account detailed in the instructions subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with SSSL, and if so, details will be passed electronically to my Bank/Building Society.

2. Name(s) of account holder(s)

3. Bank or Building Society account number

4. Branch sort code

(from the top right hand corner of your cheque)

**FOR SSSL OFFICIAL USE ONLY**  
 This is not part of the instruction to your Bank or Building Society

Signature(s)

Date

**D D M A N D 3 / 9 8**

Banks and Building Societies may not accept Direct Debit Instructions for 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 SSSL will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request SSSL 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 SSSL 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 SSSL 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.

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**CREDIT CARD INSTRUCTION**



Please complete this instruction to instruct your Credit Card Company to accept charges against your Credit Card, then return the instruction to:

Sky Business, P.O. Box 1805, Livingston, West Lothian EH54 7XG.

I authorise you, until further written notice to charge my Mastercard/Visa (delete as appropriate) account the subscription amount as advised on the Subscription Contract, as and when payments become due, or as subsequently varied. I will advise you if my Credit Card is lost or stolen or if I close my Credit Card account, or if I wish to cancel the authority.

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS USING BLACK/BLUE INK.

Reference Number

Credit Card Number SSSL Use Only

Account Holder Name

Card Expiry Date

Signature Date

Address

Post Code: SSSL Use Only

**C C M A N D 3 / 9 8**