

# Customer Direct Debit Authorization

By completing and signing this form, you authorize [Your Company/Bank Name] to debit your account for the payment of goods, services, or other authorized charges.

## Customer Information

Full Name

Enter your full name

Address

Enter your address

Contact Number

Enter your contact number

Email Address

Enter your email address

## Bank Account Details

Bank Name

Enter bank name

Branch

Enter branch

Account Holder Name

Enter account holder name

Account Number

Enter account number

## Authorization Details

Amount

Enter authorized amount

Frequency

e.g., Monthly, One-time

Commencement Date

By signing below, I authorize [Your Company/Bank Name] to debit the above account as per the details provided above.

Customer Signature

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Date:

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Company Authorized Signature

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Date:

**Important Notes:**

- Ensure all details are accurate and up to date to avoid payment issues.
- This authorization remains in effect until you provide written notice to cancel or amend the arrangement.
- Maintain sufficient balance in your account to avoid failed transactions.
- Your personal and banking information will be kept confidential and secure.
- Contact your bank or service provider immediately if you notice any unauthorized transactions.