

This is not part of the instruction to your Bank or Building Society  
Please note: One instruction required for each policy holder

**Name and full address** (Westfield Health account number if known)

Name:

Account No:

Address:

Postcode:

**Please fill in the whole form and send it to:**

Westfield Health Westfield House 60 Charter Row Sheffield S1 3FZ

**INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY  
TO PAY BY DIRECT DEBIT**



Service User Number

9 4 1 1 1 0

**1. Name and full postal address of your Bank or Building Society**

To the Manager of:

Bank or Building Society

Address:

Postcode:

**2. Name(s) of Account Holder(s)**

Reference:

**3. Branch Sort Code**

**4. Bank/Building Society Account Number**

**For (Westfield Health) Official use only** This is not part of the instruction to your Bank or Building Society.

**Originator's Reference Number**

Write in the box below the date you wish the Direct Debit to be collected on (between 1<sup>st</sup> & 14<sup>th</sup>):

**Instructions to your Bank/Building Society**  
Please pay Westfield Health Direct Debits from the account detailed on this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Westfield Health and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

BANK/BUILDING SOCIETIES MAY NOT ACCEPT DIRECT DEBIT INSTRUCTIONS FOR SOME TYPE OF ACCOUNTS  
CCL01/00DD001

**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 Westfield Health will notify you (normally 10 working days) in advance of your account being debited or as otherwise agreed. If you request Westfield Health 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 Westfield Health 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 Westfield Health 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 Westfield Health.