

CIDAN INVESTMENTS LIMITED

CIDAN House, No. 169/6, Haatso, North Legon-Accra
P. O. Box CT 7991, Cantonments-Accra
Tel: +233 (0)302 544 351; +233 (0)261 717 001; Email: info@cidaninvestments.com



DIRECT DEBIT AUTHORIZATION FORM

CLIENT'S A/C # OIN CA - 1527012

CUSTOMER DETAILS

SURNAME _____
OTHER NAME(S) _____
ADDRESS: _____
ID NUMBER (Driver's Licence, Voter ID, Passport, NHIS, etc)
MOBILE NUMBER:
EMAIL: _____

PAYMENT DETAILS

INVESTMENT AMOUNT (GHS):
AMOUNT IN WORDS: _____
DATE OF FIRST DEDUCTION DD MM YYYY
SUBSEQUENT DEDUCTIONS DAILY / WEEKLY / MONTHLY / QUARTERLY / YEARLY (PLEASE UNDERLINE)
DAY OF EVERY DEDUCTION DD until further notice in writing / until...../...../20.....
ACCOUNT NO TO BE CREDITED:

0	0	0	6	0	1	0	1	7	5	1	8	6
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INSTRUCTION TO CLIENT'S BANK

NAME OF BANK: _____
BRANCH WHERE ACCOUNT IS HELD: _____ SORT CODE:
TYPE OF ACCOUNT: CURRENT SAVINGS OTHER
BANK ACCOUNT NAME _____
BANK ACCOUNT NO

I/ WE THE UNDERSIGNED HEREBY AUTHORIZE THE BANK TO DEDUCT MY/OUR MONTHLY INSTALMENTS FOR THE REPAYMENT OF MY/OUR LAON AS INDICATED ABOVE SUBJECT TO THE TERMS AND CONDITIONS PROVIDED BELOW. CIDAN INVESTMENTS LIMITED IS HEREBY INDEMNIFIED AGAINST ANY CLAIM OR LIABILITY THAT MAY ARISE BUT NOT LIMITED TO MY/OUR PROVIDING THE WRONG BANK DETAILS, INVESTMENT ACCOUNT NUMBER, OR ANY OTHER ERROR IN MY/OUR INSTRUCTIONS IN RESPECT OF WHICH CIDAN INVESTMENTS LIMITED ACTS IN IMPLEMENTING MY/OUR DIRECT DEBIT AUTHORIZATION. I/WE UNDERSTAND THAT THE WITHDRAWALS HEREBY AUTHORISED WILL BE PROCESSED THROUGH AN AUTOMATED CLEARING HOUSE PLATFORM PROVIDED BY GHANAIAI BANKS.

TERMS AND CONDITIONS:

- The efficiency of the Direct Debit scheme is monitored and protected by all parties involved.
- If an error is made by any of the parties involved, you are guaranteed a full and immediate refund to own bank account by the originator of the error.
- The client can cancel this mandate at any time by writing to CIDAN Investments Limited within fourteen (14) days in advance of your account being debited.
- CIDAN Investment has agreed to advance notice of the amount at least 10 days before the date of first debit. The notice will be provided by electronic means by e-mail and SMS where the customer has provided them

CLIENT SIGNATURE(S) : _____ DATE _____
DD MM YY YY

INTERNAL USE ONLY

REVIEWED BY : _____ DATE _____
DD MM YY YY