

Direct Debit Mandate

Full payment

Credit Card

What you need to do

To ensure your application is not delayed:

- ☐ Please complete all sections in **BLOCK CAPITALS**
- ☐ Please ensure the correct person/s sign the Mandate.

Where to send form:

FREEPOST LICENCE NO. RSUX-CJRA-**KULS** BARCLAYCARD COMMERCIAL PO BOX 4000 WIGSTON **LE18 9EN**

Alternatively, you can scan and e-mail a copy of the completed form to:

CBC.Customer@barclaycard.co.uk

For more information, please visit www.barclaycard.co.uk/commercial

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 Barclaycard Commercial will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request Barclaycard Commercial 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 Barclaycard Commercial 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 Barclaycard Commercial 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 notifu us.

Please complete all sections below. Name of account (as shown on cheque book)

Branch so Bank or b	rt code -	- COUNT N	umber				
Please pay this Instruc Guarantee.	to your bank of Barclaycard Contion subject to I understand the I and, if so, detaing society.	mmercial Dir the safeguar at this Instr	ect Debits rds assure uction ma	ed by the ay remain	e Direct C n with Ba	Debit	
Minimum _I	ayment - please Dayment Ust be ticked fo Direct Debit.	·	J	t to be m	nade to yi	our card	

Fixed amount This box must be ticked and the value box populated for a set monthly amount to be made to your account. Please note, if at any time the minimum monthly payment is greater than the fixed amount you have set, the minimum amount will be taken instead. Amount E

This box must be ticked for a full payment to be made to your card account by Direct Debit

Bardaycard Commercial Account Number (as shown on the top of your Barclaycard Commercial monthly statement)

Please sign below to authorise your Direct Debit Mandate.				
Signature X				
Name				
Date				
d d / m m / y y y y If your Organisation requires two signatures to authorise a Direct Debit, please also complete;				
Signature X				
Name				