



SUSPENSION OF DIRECT DEBIT

(This form only relates to suspensions longer than 1 month)

Please suspend my Direct Debit as from (Date).

I wish to restart it from (Date).

Agreement No. _____ Rate Acct No. _____

Name of Ratepayer:
[PLEASE USE BLOCK LETTERS]

Postal Address of Ratepayer:
.....
.....

.....Signature of Ratepayer

Office Use Only

..... Accepting CLO CLO Notes added

FINANCE: Date DD Suspended:

Finance Officer: