

## **NOTIFICATION OF CHANGE FORM**

## **Bulk Change of Direct Debit Instructions**

(A separate form to be used for each SUN)

To ensure the information is clear the form must be typed or completed in black ink and block capitals

|  |            |         |        |        |      |                                   |      | _        | Service User Number (SUN) |      |      |      |     |      |      |    |  |   |      |                 |       |
|--|------------|---------|--------|--------|------|-----------------------------------|------|----------|---------------------------|------|------|------|-----|------|------|----|--|---|------|-----------------|-------|
| Service User Name  |            |         |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |
| na ana anima na Banala/Basilalina na Galai   | -4         |         |        |        |      |                                   |      |          |                           |      |      | L    |     |      |      |    |  |   |      |                 |       |
| sponsoring Bank/Building Soci<br>Type of change required   |            |         |        |        |      |                                   |      |          |                           |      |      | •••  |     |      |      |    |  |   |      |                 |       |
| Change of Name   | [prodoc tr | on ana  | comp   | 1010 0 |      | . up                              | נעיק |          |                           |      |      |      |     |      |      |    |  |   | _    |                 |       |
| Change of Name   |            |         |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |
| from   |            |         |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |
| to   |            |         |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |
|  | _          |         |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |
| Short Name Change from   | om         |         |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |
| to   |            |         |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |
| (Name quoted in Field  | 9 of Dire  | ct Debi | t reco | rd)    |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |
|  |            |         |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |
| New/Amended Referen  | ces (ORN   | l's) Es | timate | ed vo  | lume | s (r                              | 10.  | of cu    | ısto                      | ome  | rs/a | ссо  | unt | s)   |      |    |  |   |      |                 |       |
|  |            |         |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |
| Change of SUN  |            |         |        |        |      |                                   |      |          |                           | (    | Old  | SUI  | N   |      |      |    |  |   |      |                 |       |
|  |            |         |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |
|  |            |         |        |        |      |                                   |      |          |                           |      | New  | , SU | IN  |      |      |    |  |   |      |                 |       |
|  |            |         |        |        |      |                                   |      |          |                           |      |      |      |     |      | Fu   | II |  |   | Par  | tial            |       |
| Please indicate whether FULL or only PARTIAL SUN   |            |         |        |        |      |                                   |      | transfer |                           |      |      |      |     |      |      |    |  | Ī |      |                 |       |
| Estimated volumes [no  |            |         |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  | L |      |                 |       |
|  |            |         |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |
| iming of Change for all Change 1   | ypes. A    | Chang   | e of N | lame   | canr | not                               | be ı | unde     | erta                      | ken  | on   | a p  | has | ed b | asi  | s. |  |   |      |                 |       |
| Big Bang   |            | Phas    | sed -  | Date   | phas | ing                               | will | be c     | om                        | plet | ed b | у    |     |      |      |    |  |   |      |                 |       |
| <br>DATE* OF LAST PAYMENT UN   |            | 7 DDI   |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   | Noor |                 | 01154 |
| DETAILS:   | DER OLL    | וטט כ   |        |        |      |                                   |      |          |                           |      |      |      |     |      | •••• |    |  |   |      | se en<br>ALL th |       |
| DATE OF CHANGE:  |            |         |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      | are g           |       |
| DATE* OF FIRST PAYMENT UN  | NDER NE    | W DDI   |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |
| DETAILS:   |            |         |        |        |      | *Date used should be payment date |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |
|  |            |         |        |        |      |                                   |      |          |                           | 1    | - ,  |      |     |      |      |    |  |   |      |                 |       |
| Service User contact name and  | telephone  | numb    | er:    |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |
|  |            |         |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |
|  |            |         |        |        |      |                                   |      |          |                           |      | _    |      |     |      |      |    |  |   |      |                 |       |
| **Authorised by New Sponsoring   | Bank:      |         |        |        |      |                                   |      |          |                           |      | D    | ate: |     | •••  |      |    |  |   |      |                 |       |
| **If form sent electronically and i  |            |         |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |
| therefore unsigned, a copy of the original form including the authorized the surface of the copy of th |            |         |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |
|  | ISCU       |         |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |
| signature must be held with the  |            |         |        |        |      |                                   |      |          |                           |      |      |      |     |      |      |    |  |   |      |                 |       |