

# Direct Debit Mandate



Guaranty Trust Bank plc  
RC 152321

To: Customer Information Service

From: \_\_\_\_\_

I/we hereby authorize you to debit my/our bank account stated below with the sum of ₦ \_\_\_\_\_

Amount in words: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number:

This amount is to be credited to the following beneficiaries.

Monthly  Quarterly  Half-yearly  Annually

1) Account name: \_\_\_\_\_

Account number:   Amount: ₦ \_\_\_\_\_

2) Account name: \_\_\_\_\_

Account number:   Amount: ₦ \_\_\_\_\_

3) Account name: \_\_\_\_\_

Account number:   Amount: ₦ \_\_\_\_\_

4) Account name: \_\_\_\_\_

Account number:   Amount: ₦ \_\_\_\_\_

on the \_\_\_\_\_ Day of every agreed period starting from:  Day  Month  Year

Account signature

Account signatories

I/we will inform the bank in writing if I/we wish to cancel this instruction