

Melita p.l.c., Mriehel Bypass, Mriehel, BKR 3000, Malta, Europe.

Helpdesk: Monday to Friday 08:00hrs - 17:00hrs

T 2727 2727 | 2727 2020 F 2727 5020

E [billing@melitapl.com](mailto:billing@melitapl.com)

[www.melita.com](http://www.melita.com)



## Direct Debit Mandate

Please complete this form to authorise your bank to make payments to Melita p.l.c. directly from your bank account. This form is to be returned to Melita p.l.c.

TO: <b>THE MANAGER</b>
Bank Name: _____
Branch Location: _____
_____

(Please insert your Branch address in the above space)

Name(s) of account holder(s) [IN BLOCK LETTERS]

Sort Code	Bank A/C Number to be debited
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Subscriber A/C Number	Television <input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Telephony <input type="checkbox"/>
	Internet <input type="checkbox"/>
	Mobile <input type="checkbox"/>

I/We authorise you to pay Melita p.l.c. by way of direct debit from my/our account and until further written notice.

I/We are fully aware that the amounts may be variable and may also be debited on various dates.

I/We understand that Melita p.l.c. will give me/us 14 days notice of the amount to be directly debited and the due date of the entry if such amount and due date differ from previous payment effected. The bank will not be bound to verify whether any such notice has been given.

I/We understand that the bank is at liberty to refuse to effect payment if my/our bank account does not have sufficient funds to meet such requests and that any charges resulting from insufficient funds shall be debited to my/our account.

I/We understand that the bank is entitled to terminate any direct debit arrangement at its sole discretion by advising me/us and Melita p.l.c. in writing.

I/We hereby undertake to keep the bank harmless and fully indemnified against any liability, loss or damage that the bank may incur for any reason which is beyond the bank's control in consequence of making this facility available.

I/We shall inform the bank and Melita p.l.c. in writing if I/we wish to cancel these instructions.

Signature(s) of Account Holder(s)

I.D. Card No(s).

Date

<b>FOR BANK USE ONLY:</b>	
Signature Authenticated by:	Branch: