

DIRECT DEBIT TRANSFER FORM

OIN: 2420CS320922019

**CUSTOMER INFORMATION**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_  
 INVESTOR ID \_\_\_\_\_  
 FUND TYPE FIDELITY FIXED INCOME TRUST  FIDELITY BALANCED FUND

**DIRECT DEBIT INSTRUCTIONS**

CONTRIBUTION: GH¢ \_\_\_\_\_  
 AMOUNT IN WORDS: \_\_\_\_\_  
 DATE OF FIRST DEDUCTION 

DD	MM	YYY

 SUBSEQUENT DEDUCTIONS 

MONTHLY	<input type="checkbox"/>
YEARLY	<input type="checkbox"/>
QUATERLY	<input type="checkbox"/>

  
 PLEASE TICK  
 SPECIFIC DATE FOR SUBSEQUENT DEDUCTIONS

**CLIENT'S BANK ACCOUNT DETAILS**

NAME OF BANK: \_\_\_\_\_  
 BRANCH NAME: \_\_\_\_\_  
 ACCOUNT TYPE CURRENT  SAVINGS  OTHER   
 ACCOUNT NAME \_\_\_\_\_  
 SORT CODE  ACCOUNT NUMBER

I/WE THE UNDERSIGNED HEREBY AUTHORISE FIDELITY SECURITIES THROUGH ITS BANKERS FIDELITY BANK TO DEDUCT MY PERIODIC INVESTMENT CONTRIBUTION AS STATED ABOVE. SUBJECT TO THE PROTECTION PROVIDED BY THE DIRECT DEBIT SCHEME TERMS AND CONDITIONS STATED BELOW.

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

VERIFIED BY \_\_\_\_\_ DATE \_\_\_\_\_

Terms and conditions of the Direct debit scheme

- The effectiveness of the Direct Debit scheme is supervised and protected by all parties involved.
- The client has the right to cancel a Direct Debit mandate before the deduction date stated above by writing to his/her bank and sending a copy of such cancellation to his insurer.
- If an error is made by any of the parties, the client is guaranteed a full and immediate refund to own bank account by the originator of the error.