

Employer payment method form

Company name:

Direct Debit authority

Payment method Direct Debit

Recurring payment frequency Monthly

Name of account

Account number

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To the manager:

Bank name

I/We authorise the bank to debit my account with the amounts of direct debits from Union Medical Benefits Society Ltd. (trading as UniMed) with the authorisation code specified on this authority in accordance with this authority until further notice. I/we agree that this authority is subject to the bank's terms and conditions that relate to my account, and the specific terms and conditions listed below.

The following information will appear on your bank statement:

Payer particulars:	UniMed
Payer code:	Health insurance
Payer reference:	Your group ID

**AUTHORITY
TO ACCEPT
DIRECT DEBITS**

(not to operate as an
assignment or agreement)
Authorisation Code

0 3 4 3 6 0 4

(User number)

Authorised signatures

Date signed: DAY / MONTH / YEAR

For bank use only

Approved		Date received	Recorded by	Checked by	Bank stamp	Original Retain at branch Copy Forward to Initiator if requested
4360						
05	2024					

Specific conditions relating to notices and disputes

1. I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:
 - I don't receive written notice of the amount and date of each direct debit from the initiator, or
 - I receive written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.
2. The initiator is required to give me written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before the date of the first direct debit in the series. The notice is to include:
 - the dates of the debits, and
 - the amount of each direct debit.
3. If the bank dishonours a direct debit but the initiator sends the direct debit a second time within 5 business days of the original direct debit, the initiator is not required to notify me a second time of the amount and date of the direct debit.
4. If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give me notice:
 - no less than 30 calendar days before the change, or
 - if the initiator bank agrees, no less than 10 calendar days before the change.