


CDH Balanced Fund Ltd

build your future your way

DIRECT DEBIT AUTHORIZATION

OIN 8912010

CUSTOMER INFORMATION

INVESTMENT ACCOUNT NAME: _____

POSTAL/RESIDENTIAL ADDRESS: _____

EMAIL ADDRESS: _____

CONTACT NUMBER: _____

INVESTMENT ACCOUNT NUMBER: _____

DIRECT DEBIT INSTRUCTIONS

DEDUCTIONS	AMOUNT(GH¢)
Contributions	

Total Amount in words _____

DATE OF FIRST DEDUCTION

 D D

 M M

 Y Y Y Y

 SUBSEQUENT DEDUCTIONS: DAILY WEEKLY MONTHLY QUARTERLY YEARLY (please tick)

 DAY OF LAST DEDUCTION: until further notice in writing / until / / 20.....

DD MM YYYY
CLIENT BANK DETAILS

NAME OF BANK: _____

 BRANCH: _____ SORT CODE

 TYPE OF ACCOUNT: CURRENT SAVINGS OTHER

BANK ACCOUNT NAME: _____

 BANK ACCOUNT NUMBER:

I/WE THE UNDERSIGNED HEREBY AUTHORIZE THE BANK TO DEDUCT MY/OUR PERIODIC CONTRIBUTIONS FOR THE BENEFIT OF MY/OUR MUTUAL FUND ACCOUNT AS INDICATED ABOVE SUBJECT TO THE TERMS AND CONDITIONS PROVIDED BELOW. THE ABOVE MUTUAL FUND AND CDH GROUP ARE HEREBY INDEMNIFIED AGAINST ANY CLAIM OR LIABILITY THAT MAY ARISE BUT NOT LIMITED TO MY/OUR PROVIDING THE WRONG BANK DETAILS, PERSONAL ACCOUNT NUMBER OR ANY OTHER ERROR IN MY/OUR INSTRUCTIONS IN RESPECT OF WHICH CDH BALANCED FUND ACTS IN IMPLEMENTING MY/OR DIRECT DEBIT AUTHORIZATION.

TERMS AND CONDITIONS

- The efficiency of the direct debit scheme is monitored and protected by all parties involved.
- If any error is made by any of the parties involved, the client is guaranteed a full and immediate refund to own bank account by originator of the error.
- An advance notification for deduction will be sent via SMS or email at least two weeks prior to the date of first deduction.
- The service attracts a fee of GH¢ 2.00 per transaction.
- The client can cancel this mandate at any time by writing to CDH Balanced Fund at least one month before date of next deduction.
- This direct debit mandate supercedes all previous standing orders.
- Where there are insufficient funds in the client's bank account to honour the client's obligation under the Direct Debit mandate, the client's account will be debited accordingly with GH¢ 2.00 for such failure.
- A service fee of GH¢ 1.00 a month is required to receive transaction alerts for CDH Balanced fund accounts.

CLIENT SIGNATURE (S) _____

DATE _____

DD MM YYYY

DATE _____

DD MM YYYY

REVIEWED BY _____

DATE _____

DD MM YYYY