

Student Name

Accommodation

Direct Debit Payment Plan 2016/2017

*DMU ID/Student I	Number or A	Accommodation	on Refere	nce								
*If Student Number	is not know	n, please quot	e your UC	AS Registration	Number.							
PLEASE CONFIRM	THE HALLS	YOU HAVE E	BOOKED									
HALLS OF RESIDENCE		CONTRACT LENGTH										
		38 Weeks and	I 1 Day	43 Weeks aı	nd 1 Day	50 Weeks and 1 Day						
Waterway Gardens		3,699.86		£4,184.86		£4,863.86						
New Wharf		£3,776.14										
Bede		3,776.14										
SELECT A PAYMEN	IT PLAN											
Payment Plan	Collection Date	Payment	Payment Period		ption Only	Number of Payments						
Monthly Plan	2nd of month		November to February				4					
Termly Plan	21st of month	, ,				3						
One mandate can be Two mandates, and Mandates can be as Please note direct	two forms v	will have to be n parents or gu	completed uardians in	l if more than one settlement of st	udent fees.	•	our bank.					
PLEASE COMPLET	E											
Name, Address and	d Contact N	lumber of Dire	ect Debit	account holder								
Please Print Title (ie Mr, Mrs, Ms)												
	Name											
Address												
	Post Code											
	Telephone Number											
	Email Address											

If you have any queries relating to this plan or with Direct Debit collections in general, please contact us on (0116) 250 6429. Please return the completed form <u>and</u> mandate to: Income Section, De Montfort University, The Gateway, Leicester LE1 9BH.

A letter confirming acceptance on to the direct debit scheme will be sent to you.





Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:		ent Numb	oer										
Finance Department De Montfort University									Z				
The Gateway	Origin	Originator's Identification Number											
LEICESTER	7	6	4	3	7	9]						
LE1 9BH							J						
Name(s) of Account Holder(s)		ence Nu	Т	T Om	T Use	T T	Γ	Т	T				
Name(s) of Account Floride (s)	S	L	3					<u></u>					
Bank/Building Society Account Number Branch Sort Code Name and full postal address of your Bank/Building Society	subj Deb may deta	ect to it Gua remai	the stranted in with	safego e. I ur n De I passe	uards iderst Montfe	assur and th ort Un	red by nat thi iversi	y the s Insti ty and	ruction Direct ruction d, if so, Bank/				
To: The Manager Bank/Building Society	Sigr	nature(s)											
Address													
Postcode	Date	Date											
Banks and Building Societies may not accept	Direct Del	oit Inst	ructio	ns for	som	e type	es of a	accou	nt.				

This guarantee should be detached and retained by the Payer.



The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit De Montfort University will notify you five working days in advance of your account being debited or as otherwise agreed. If you request De Montfort University to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by De Montfort University or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when De Montfort University asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.