

SCHEME NAME: SECURE PERSONAL PENSION SCHEME

DIRECT DEBIT AUTHORIZATION FORM (FIXED)										
PERSONAL DETAILS										
SURNAME				OTHER NAMES					MOBILE NUMBER	
EMPLOYER				SSI	NIT NUMBER				POSTAL ADDRESS	
SPTL MEMBER NUMBER			EMAIL ADDRESS							
PAYMENT DETAILS			□ NEW □ AMEND						□ CANCEL	
AMOUNT IN FIGURES	AMOUNT IN WORDS (TOTAL AMOUNT					T)				
CONTRIBUTION AMOUNT: GH¢										
BANK CHARGES:										
TOTAL AMOUNT: GH¢										
DATE OF FIRST DEDUCTION SUBSE			EQUENT DEDUCTIONS			DAY OF DEDUCTIONS E		END	END DATE	
DD / MM / YYYY			MONT	HLY					DD / MM / YYYY	
			QUAR	TERLY					Until further notice in writing	
INSTRUCTION TO CUSTOMERS BANK										
BANK NAME			ACCOUNT BRANCH				TYPE OF ACCOUNT			
							☐ CURRENT ☐ SAVINGS			
							☐ OTHER			
SORT CODE ACCOUNT NAI				ME				ACCOUNT NUMBER		
DECLARATION										
I/We, the undersigned hereby authorize my/our bank, to deduct my/our contributions for the benefit of Secure Pensions Trust Limited as indicated above subject to the terms and conditions provided below. Secure Pensions Trust Limited is indemnified against any claim or liability that may arise BUT NOT limited to my/our providing the wrong bank details or any other error in my/our instruction in respect of which Secure Pensions Trust Limited acts in implementing my/our Direct Debit Authorization. I / We understand that the withdrawals hereby authorized will be processed through an Automated Clearing House platform provided by Ghanaian Banks.										
 TERMS & CONDITIONS: The efficiency of the Direct Debit scheme is monitored and protected by all parties involved. If an error is made by any of the parties involved, you are guaranteed a full and immediate refund to own bank account by the originator of the error. 										
3. You can cancel this mandate at any time by writing to Secure Pensions Trust Limited within 20 working days in advance of your account being debited.										
 Secure Pensions Trust Limited has agreed to advance notice of the amount at least 10 days before the date of the first debit. The notice will be provided by electronic means by email and SMS where the contributor has provided them. 										
								OFF	FICE USE ONLY	
				DD / MM / YYY				VERIFIED BY:		
OLIENT OLONATURE								DATE:		
CLIENT SIGNATURE	DATE					1				