Databank
Leadership

OIN # | | | | | | | | |

DATABANK DIRECT DEBIT AUTHORIZATION FORM

☐ New instruction ☐ Amendment

SECTION 1: PERSONAL DETAILS

Title: _____ First name: _____ Surname: _____

Postal address: _____

Email: _____ Tel: _____

Databank account number: | | | | | | | | | | | | |

SECTION 2: INVESTMENT INSTRUCTIONS (please select only one fund per sheet)

Fund name

- ☐ Databank MFund, Tier 2
- ☐ Databank EPACK Investment Fund (EPACK)
- ☐ Databank Balanced Fund (BFUND)
- ☐ Databank Ark Fund (ArkFund)
- ☐ Databank Educational Investment Fund (EdIFund), Tier 2
- ☐ Databank Educational Investment Fund (EdIFund), Tier 3
- ☐ Databank Asset Management Services Ltd. (DAMSEL)

	Amount (GHC)
Transaction Charge	5.00
Total Amount	

Amount in words

_____

_____

_____

_____

SECTION 3: DIRECT DEBIT INSTRUCTIONS & BANK DETAILS

Date of first transaction: (Month) _____ (Day) ☐ 4th ☐ 15th ☐ 25th ☐ 30th (Year) _____

Frequency of deductions: ☐ Monthly ☐ Quarterly End date of deduction: ☐ Indefinitely ☐ Until ___/___/___

Name of bank: _____ Branch: _____

Name on bank account: _____

Account type: ☐ Current ☐ Savings ☐ Other (Please indicate) _____

Account no.: | | | | | | | | | | | | | | | | | Sort code: | | | | | | |

If the selected date falls on a holiday or weekend, your account will be debited on the next business day.

SECTION 4: TERMS AND CONDITIONS

I/we the undersigned hereby authorize the bank to deduct my/our periodic contributions for the benefit of my/our Databank mutual fund account as indicated above, subject to the terms and conditions provided below. The above mutual fund and Databank Group are hereby indemnified against any claim or liability that may arise, but is not limited to my/our providing the wrong bank details, personal Databank account number, or any other error in my/our instructions in respect of which Databank acts in implementing my/our direct debit authorization. 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, the client is guaranteed a full and immediate refund to own bank account by the originator of the error. The client can cancel this mandate at any time by writing to Databank **at least one month** before the date of the next deduction. The fee for this transaction is subject to change – 30 days' notice will be provided to clients. This direct debit mandate supersedes all previous standing orders to Databank. Where there are insufficient funds in the client's bank account to honour the client's obligations under the direct debit mandate, the client's Databank mutual fund account will be debited GHC 5.00 for such failure accordingly.

_____ ____/____/_____ _____ ____/____/_____

Client signature Date Client signature (for joint account holders) Date

SECTION 5: OFFICIAL USE ONLY

	Name	Signature	Branch	Date
Direct debit signup:				
Direct debit review:				