



Direct Debit Form



Please complete this form together with the Direct Debit Mandate attached and return both to ateb group.

Name: _____

Address: _____

Tenant No: _____

Please indicate clearly which payment option you require.

• **Weekly Every:** _____

• **Fortnightly Every:** _____

• **Four Weekly Starting:** _____

• **Monthly On The:** _____

Direct Direct Payment Amount: £

You will be notified before payments are deducted from your bank account.

Agreed by Area Officer: _____

By ticking the below box I am allowing ateb to use my personal data to respond to this service request. My personal data will be securely held and used to fulfil the selected service request in accordance with the ateb privacy statement. Please refer to the ateb privacy statement to understand how we protect your personal data www.atebgroup.co.uk/privacy-cookie-policy. For personal data queries, data access requests, amends or removal please email mydata@atebgroup.co.uk

I agree for you to use my personal data