



AXIS PENSION TRUST

DIRECT DEBIT AUTHORISATION FORM

AXIS PENSION PLAN

PERSONAL DETAILS

SURNAME		OTHER NAMES	MOBILE NUMBER
EMPLOYER		SSNIT NUMBER	POSTAL ADDRESS
AXIS ACCOUNT NUMBER		EMAIL ADDRESS	

PAYMENT DETAILS

NEW AMEND CANCEL

RETIREMENT ACCOUNT	SAVINGS ACCOUNT	TRANSACTION CHARGE	TOTAL DEDUCTION
GHC	GHC	GHC 3	GHC
AMOUNT IN WORDS		DATE OF FIRST DEDUCTION	
.....		DD / MM / YYYY	
DEBIT DATE- 1 st (TICK APPLICABLE)	DEBIT DATE- 5 th (TICK APPLICABLE)	DEBIT DATE- 22 nd (TICK APPLICABLE)	DEBIT DATE -28 th (TICK APPLICABLE)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBSEQUENT DEDUCTIONS			<input type="checkbox"/> until further notice in writing
<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTELY			

INSTRUCTION TO CUSTOMER'S BANK

BANK	ACCOUNT BRANCH	TYPE OF ACCOUNT
		<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Other
SORT CODE	ACCOUNT NAME	ACCOUNT NUMBER

DECLARATION

I/We, the undersigned hereby authorise my/our bank, to deduct my/our contributions for the benefit of Axis Pension Trust as indicated above subject to the terms and conditions provided below. Axis Pension Trust 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 Axis Pension Trust acts in implementing my/our Direct Debit Authorisation. I / We understand that the withdrawals hereby authorised 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.
- You can cancel this mandate at any time by writing to Axis Pension Trust within 10 working days in advance of your account being debited.

OFFICE USE ONLY

CLIENT SIGNATURE	DATE	VERIFIED BY:
.....	DD / MM / YYYY	
		DATE: