



Les Lapin Court B, No. 3, Independence Avenue, Mosta
Tel/Fax: (+356) 21448542 E-mail: info@mumn.org
DIRECT DEBIT MANDATE



203, Level 2,
Rue D'Argens,
Gzira GZR 1368,
Malta.

Branch Locality: _____
Account Number _____ Sort Code _____ (Office Use)

- I/We instruct you to pay by Direct Debit, until further notice, from my/our account at the request of**MUMN**....
- I/We understand that the Malta Union of Midwives and Nurses will give me/us 14 days notice of the amount to be directly debited and the due date of the entry if such amount and due date differ from previous payment effected. The Bank will not be bound to verify whether any such notice been given.
- I/We understand that the bank is at liberty to refuse to effect payment if my/our bank account does not have sufficient funds to meet such request.
- I/We understand that the Bank is entitled to terminate any direct debit arrangements at its sole discretion by advising me/us and the Malta Union of Midwives and Nurses.
- I/We hereby undertake to keep the Bank harmless and fully indemnified against any liability, loss or damage the Bank may incur for any reason which is beyond the Bank's control in consequence of making this facility available.
- I/We will inform the Bank in writing if I/we wish to cancel this mandate.

(Block Letters)

Name(s) and Surname(s): _____

Signature (s): _____

I.D: _____ Date _____