



Bank of St. Helena Ltd. Direct Debit Mandate Do not sign this form if you are unsure about the commitment you are making. Please complete all the following details:	DD
Name of the organisation to which payment is to be made: Connect Saint Helena Ltd	
Your Customer Reference Number with this organisation:	For e Bant
Your Account Name with this organisation:	or enquiries ank of St He
Your Billing Address with this organisation:	Direct Depit the Lasier Way to Pay For enquiries on the Direct Debit Scheme please ca Bank of St Helena Ltd on telephone (+290) 22390.
Your Bank of St. Helena Account Number to Debit:	ier Way bebit Schr ephone (
Your Bank of St. Helena Account Name (if different from the above):	Lasier Way to Pay rect Debit Scheme pleas on telephone (+290) 22:
Your Bank of St. Helena Account Address (if different from the above):	se call
I hereby authorise Bank of St. Helena to debit my account in respect of the amounts re- terms of the Direct Debit Scheme, in accordance with the rules of that scheme until furt in writing to Bank of St Helena.	

Authorised Signature(s)

Date:

