

Distance of the state of the st



Instruction to your bank or building society to pay by Direct Debit

point pen and send it to:	Service	user n	umber				-
	7	8	0	9	7	6	
Evinox Residential	-	•		•		•	J
Unit 37, Barwell Business Park							
Leatherhead Road							
Chessington	Please complete the required information below						
Surrey	For Evinox Residential official use only. This is not part of the instruction to your bank or building society.						
KT9 2NY	Residents Name:						
	Apart	ment N	lumber:				
	Addre						
Name(s) of account holder(s)	Post	Code:					
Please tick the number of bedroom							
	1 Bed ☐ £45 2 Bed ☐ £50 3 Bed ☐ £60 PLEASE NOTE: these amounts are just guidelines and might						
			UL: thes			e just g	uidelines and might
Bank/building society account number		,,.					
	Pleas		Your pre			on date	:
						n this d	ate each month.
Branch sort code							
			our ban mentum				nox Residential Direct
	Debits fi	rom the	account	detailed	in this Ir	structio	n subject to the
Name and full postal address of your bank or building society							e. I understand that this nd, if so, details will be
To: The Manager Bank/building society		,	ically to				, ,
Address	Signatur	e(s)					
	D (
Postcode	Date	,	,				
		/	1				
Reference (Please include your Apartment Name & No. in the reference below)							
Banks and building societies may not accept Di	irect Debit Ir	nstructio	ns for so	me tvpe	s of acc	ount	

This guarantee should be detached and retained by the payer.

