



# MTN Auto Top-Up Direct Debit Mandate

NAME OF ACCOUNT HOLDER

ADDRESS

### Instruction to my Bank

Please debit my account detailed in this instruction by Direct Debit Guarantee and transfer the debit to MTN Nigeria Communications Limited's (MTN) account in line with the instructions herein.

The details of my Bank account are as follows

Bank

Address of Bank Branch

Account Number

Sort Code

Amount to be debited

(Words & Figures)

Frequency of Payments      Monthly       Quarterly       Semi Annual       Annually

Date of Payment  DD/MM/YYYY

Period Covered From  To

Signature

(As per Account Mandate)

Phone Number/Hynet Account No  Email

### Direct Debit Terms

All such debits from my account by you in accordance with this Direct Debit Instruction issued and delivered to you and MTN Nigeria Communications Limited ("MTN") should be treated as valid and binding on me, as I have signed same personally.

The amounts stated above should be debited from my Account on .....of each month/quarter/on various dates. I understand that I may change the amount and dates only after giving you (the bank) prior notice of 14 business days.

I understand that the withdrawals hereby authorized will be processed by electronic funds transfer, and I also understand that details of each withdrawal will be printed on my bank statement and/or an accompanying voucher.

I agree to pay any bank charges relating to this mandate.

This Mandate may be cancelled by me by giving you (the bank) thirty (30) Business Days' notice in writing, sent by prepaid registered post, or delivered to the bank address, but I understand and agree that:

- I shall not be entitled to any refund of amounts which may have already been withdrawn while this mandate was in force if such amounts have been credited as airtime into my phone account by MTN.

I understand that if any Direct Debit Instruction is paid which breaches the terms of this Mandate, my recourse shall be limited to my bank, and not to MTN.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ Day of \_\_\_\_\_ 20

Accepted by: BANK NAME

Name

Address

Signature & Stamp