DIRECT DEBIT AUTHORIZATION FORM

Pinnacle Balanced Fund

REF

(Office Use Only --- *if we are going to have some form of Identifications*)

CLIENT INFORMATION

Please complete parts 1 to 11 to instruct your Bank to make payments directly from your account. Then return this form to: **Pinnacle Balanced Fund at Hse. No. 261, Off Haatso-Atomic Road, Haatso, North-Legon, Accra or any of our branches near you or its identified representatives**

Please use capital letters:

1. Name of Account Holder _____

2. Address of Account Holder: _____

3. Contact Number:

DIRECT DEBIT INSTRUCTIONS

4. Direct Debit Type: Variable ☐ Fixed ☐ 5. Amount (GHS):

5. Amount in Words: _____

6.Date of First Deduction: DD MM YYYY

7. **SUBSEQUENT DEDUCTIONS** **DAILY / WEEKLY / MONTHLY / QUARTERLY / YEARLY**

8.**DAY OF EVERY DEDUCTION** ☐ Until further notice in writing/until……/……/20…..

CLIENT BANK DETAILS

9. Name of Bank _____ Branch where account is held: _____

10. Type of Account Current ☐ Savings ☐ Other ☐

11.Bank Account Number: Bank Sort Code:

I/we the undersigned hereby instruct and authorize the bank to draw against my/our account per this consent form for all direct debits that Pinnacle Balanced Fund will make on my account, originating from CAL Bank Limited subject to terms and conditions provided below. I understand the amounts to be debited are (variable or fixed) and may be debited on different dates. Pinnacle Balanced Fund is hereby 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 instruction in respect of which Pinnacle Balanced Fund acts in implementing my/our direct debit authorization.

TERMS AND CONDITIONS

- The efficiency of the Direct Debit scheme is monitored and protected by all parties involved.
- This is a guarantee provided by your own Bank as a member of the ACH Scheme, in which Banks and Originators of ACH participate. If you authorize payment by Direct Debit, then Pinnacle Balanced Fund will notify you in advance of the amounts to be debited to your account.
- Your Bank will accept and pay such debits, provided that your account has sufficient available funds.
- If it is established that an unauthorized Direct Debit was charged to your account, you are guaranteed a prompt refund by your Bank of the amount so charged.
- This service attracts a fee of GH₵3.00 per transaction.
- Where there are insufficient funds in the Client's bank account to honour the Client's obligations under the Direct Debit Mandate, the Client's Pinnacle Balanced Fund account will be debited with GH₵3.00 for such failure accordingly.
- You shall duly notify Pinnacle Balanced Fund in writing at least 10 days before date of next deduction if you wish to cancel this instruction.

Signature(s): _____ Date: _____

DD MM YYYY

Reviewed By: _____ Date: _____

DD MM YYYY