

SUBSCRIPTION MANAGEMENT FORM

PERSONAL DATA:

| | |
|-------------------|--|
| Full Name: | |
| Address: | |
| Email: | |
| Telephone: | |

SERVICES:

| S/N | SUBSCRIPTION SERVICE | ACCOUNT/ID NUMBER | DUE DATE | PAYMENT INTERVAL | AMOUNT |
|---|----------------------|-------------------|----------|------------------|-------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| Subscription Management Charge (VAT Inclusive) | | | | | ₦250 |
| Total | | | | | |

For Office Use Only

Signature & Date

| | |
|-------------------------|--|
| Staff ID: | DDM Attached: <input type="checkbox"/> <input type="checkbox"/> |
| Processing Date: | Authorised Date: |
| Processed By: | Authorised By: |

To: The Manager
 Payer's Bank Name
 Payer's Bank Address

CC: PRECISION PAYMENT SOLUTIONS LTD
 5B SUNDAY OGUNYADE STREET
 GBAGADA, LAGOS

MONTHLY DIRECT DEBIT MANDATE - FIXED AMOUNTS

My Agreement dated this _____ day of _____ 20_____

| | |
|---------------------------------|----------------|
| Payer/Subscriber Details | |
| Last Name: | Other Names: |
| Mobile No: | Email Address: |
| Address: | |

| |
|-----------------|
| Bank : |
| Account Name: |
| Account Number: |

I hereby authorize you to debit my account in accordance with this Direct Debit Instruction issued and delivered to you by the PrecisionPay in the sum of N... .. Amount in Words

| | |
|-------------------------|-----------|
| Payment Duration | |
| Start Date: | End Date: |

TERMS & CONDITIONS

All debits from my account, by the bank, in accordance with this Direct Debit Instruction issued and delivered to the bank by PrecisionPay shall be treated as though they have been signed by me personally.

I agree that bank charges relating to this Mandate shall be paid by PrecisionPay.

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.

This Mandate may be terminated by giving PrecisionPay and the Bank cancelation notice. I understand that I shall not be entitled to any refund of amounts which may have already been withdrawn while this Mandate was in force if such amounts had become due to PrecisionPay.

I understand that if any Direct Debit Instruction is paid which breaches the terms of this Mandate, my Bank shall not be liable to me in any way or manner whatsoever, whether under contract, tort or negligence and that our recourse shall be limited PrecisionPay.

Signed on _____ Day of _____ 20_____

In the Presence of: _____

Payers Name: _____

Address: _____

Signature with Bank: _____

Signature: _____