

DIRECT DEBIT PAYMENTS

Please complete the form below and return it with the direct debit mandate.

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| Student's name: |
| Full name of person providing bank details for direct debit: |
| Relationship to student: |
| Full address of person providing bank details: |
| Contact telephone number: |
| Email address: |

I confirm that I will notify the **SEN Travel Enablement Team** by telephoning (01452) 426770 immediately if I intend to cancel the direct debit with my bank or building society. I understand that Gloucestershire County Council reserves the right to cancel or withdraw transport assistance for the student if payments cease before the full amount has been paid.

Signature.....

Date.....

| <i>For Office Use Only</i> | |
|------------------------------|------|
| Student ID | TT00 |
| Same instructions as 2015/16 | |
| New instructions for 2016/17 | |
| Annual Contribution | |