Monthly Fuel Prepayment Plan Application Form

Please complete and return this form to enquiries@af-affinity.co.uk or the address detailed below.

I agree to Affinity collecting the following amount (please tick as applicable) by Direct Debit to be used as payment against orders placed on my Affinity account.

Please indicate the amount you wish to be drawn each month

- £15.00 ( ) Minimum amount.
- £20.00 ( )
- £40.00 ( )
- £80.00 ( )
- £100.00 ( )
- £150.00 ( )

- Other ……

The above amount can only be amended or stopped on written instructions by the below named. An email to enquiries@af-affinity.co.uk with the appropriate instructions will be acceptable.

Payment will be drawn on or shortly after the **last Friday of each month**

Affinity reserve the right to charge £25.00 for a failed Direct Debit.

Signed:…..……. Date: ……

Print name:……..

Address:……..……

……

Post code:……....

Which month do you wish the payment plan to commence: …….

(Please note AF Affinity Limited reserves the right and may request further information to confirm your details are valid)

For Official Use Only. REF: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐