



Please complete the following DIRECT DEBIT CHECK LIST

- Please complete the mandate form attached
**Please note the reference required is your Tenant Code, if this is not known please leave blank for completion by our office*
- Please select the required frequency of Collection WEEKLY/MONTHLY/4 WEEKLY/2WEEKLY
- Amount £_____
- Requested Start Date of Collection by Tenant _____
***Please note collections can only be made on the 1st-28th of each month for monthly collections*

Tenant Name _____

Tenant Signature _____

Date _____

Please return both the completed mandate form and this checklist to the address below****Originals must be sent, photocopies cannot be accepted*

Upon receipt of your paperwork an Advice Notice letter will be sent confirming the Direct Debit set up details

DWP Housing Partnership
25a St Clements Road
Bournemouth
Dorset
BH1 4DU