

Tenancy/Reference number NOTE: Please also enter this in the reference box on page 1.	
Account holder full name NOTE: This can be different from the tenant's name if the account holder is not the tenant, but it must be their full (first and last) name and this must be the person who is on the call.	
Account holder address NOTE: This can be different from the tenant's address if the account holder is not the tenant. Please use the most up-to-date address because this is where the confirmation of Direct Debit setup letter will be sent.	
1st Payment Amount NOTE: 1st payment must be at least 5 working days after set-up date. Therefore 1st payment amount can be for 2 weeks rent.	
Date of 1st Payment NOTE: 1st payment must be at least 5 working days after set-up date.	
Subsequent Payment Amount	
Subsequent Payment Date	
Payment Frequency Please circle the required payment frequency	Weekly / Fortnightly / 4-Weekly / Monthly / Quarterly

PLEASE NOTE THAT IF THE TENANT HAS AN EXISTING ALLPAY DIRECT DEBIT THIS WILL NEED TO BE CANCELLED – OTHERWISE THEY WILL BE DOUBLE-CHARGED

SYHA USE ONLY

Direct Debit Information collected by:	NAME	SIGNATURE	DATE
Entered on to AccessPay by:	NAME	SIGNATURE	DATE
Activated, notice generated and letter printed by:	NAME	SIGNATURE	DATE

Version 4.7

PLEASE RETURN TO:

SOUTH YORKSHIRE HOUSING ASSOCIATION
43-47 WELLINGTON STREET
SHEFFIELD
S1 4HF