DIRECT DEBIT AUTHORISATION	(FOR OFFICE USE)	
1. To : The Manager	Serial No	
(Paying Bank)	Bank Code :	
	Branch Code :	
Account No     4. If paid on behalf of third party his/her name :	-	
Rs 5. Name of Account to be Credit/Beneficiary Superintendent, Employees' Provident Fund	6. Payment Reference Employer No.	
Bank : BANK OF CEYLON Branch : CORPORATE	Bank Code :	7 0 1 0
Account No. 5 2 3 8 9 5 8	Branch Code :	6 6 0
<ul> <li>7. I/We hereby <ul> <li>(a) authorize THE SUPERINTENDENT, EMPLOYEES' PROVIDENT FUND to initiate and you to process debits to my/our account not exceeding the limit indicated, not withstanding that to do so may result in and overdraft or an increase of the overdraft on my/our account provided that you will be entitled not to honour such payment should my/our account not contain the necessary funds and provided further that you are under no obligation to ascertain whether or not notice of the bill underlining the debit has been given to me/us.</li> <li>(b) Further understand that should the debtor be someone other than myself/ourselves you will not be concerned or required to inquire whether the debtor's name on the record of the party to be credited is the same as that herein stated by me/us.</li> <li>(c)Agree to indemnify you against any claims or losses which you may incur or sustain in consequence of this authorization.</li> </ul> </li> <li>This authorization shall continue to be in force until I/We have expressly revoked it by notice in writing delivered to you, it being understood that you may in your absolute discretion determine this arrangement by giving written notice to my/our address last known to you.</li> </ul>		
Date :	Signature/s of A	pplicant/s
8. The Direct Debit Authorization in respect of the above mentioned account is hereby ACCEPTED/REJECTED. If rejected, reson		
Date : Auth	orized Signature (F	Paying Bank)
(Please refer for instructions)		