Vaillant Boiler Cover by GasTech

Please complete all boxes in BLOCK CAPITALS and tick where necessary Please use 1 box per numeral

| Customer Account Details | | | | | | | | |
|---|---------|------------------------|------|---|---|---|---|---|
| Account in the Name of | | | | | | | | |
| Sort Code | | - | | | | | | |
| Account Number | | | | | | | | |
| Set Up a New Standing Order | | | | | | | | |
| Beneficiary Name | Gastech | | | | | | | |
| Sort Code | | - | | | | | | |
| Account Number | | | | | | | | |
| Reference (Your Surname + Post Code) | | | | | | | | |
| Amount of 1st Payment | £ : | Date of 1st Payment: | D | D | М | М | Υ | Υ |
| Amount of Usual Payment | | Date of Last Payment: | | | | | | |
| Frequency of Payment (Weekly/Monthly/Annually) | | Date of Usual Payment: | D | D | М | М | Υ | Υ |
| or Continue until Further Notice | | | | | | | | |
| All relevant sections must be fully completed for your request to be processed PLEASE ENSURE YOU SIGN AND DATE THE FORM | | | | | | | | |
| Customer Signature(s) | | | | | | | | |
| Contact Telephone Number | | Date | e: D | | | | | |

PLEASE COMPLETE THIS FORM AND RETURN TO IAN RICE - GASTECH









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