

APPENDIX 17: DIRECT DEBIT INDEMNITY COUNTERCLAIM FORM

To: Bank / Branch Name
Address

Originator Name
Address

Date:

Dear Sir / Madam,

Further to receipt of the attached Indemnity claim relating to (insert customer details), please be advised that this amount has been settled in accordance with the Direct Debit Scheme Rules.

I hereby wish to lodge this counterclaim, full details outlined below.

Particulars of Claim:

Date(s) Processed (business day(s) before Debiting Day)	
Your Reference	
Name of Customer	
Serial Number of Credit (if applicable)	
Due Date & Frequency	
Originator Identifier Number	
Amount of Direct Debit	€
Total	€

Reason for Claim:

<i>Code No:</i>	<i>Code Description:</i>	<i>Please tick appropriate box:</i>
<i>1</i>	Where the Indemnity Claim was raised sighting "No DDI held" and the Originator can provide in the case of the Code Scheme a signed copy of the DDI or in the case of the DD+ Scheme appropriate proof of sign up. Please attached all proof to this claim.	

I would be obliged if you would review this counterclaim and revert to me as soon as possible.

Yours faithfully,

Originator