

**Instructions to  
Your Bank or  
Building Society  
To Pay Direct Debit**



Originators Identification Number

6 2 8 9 3 6

Please fill in the whole form and send it to:

Johnson & Johnson Vision Care  
Email: [UKCS@visgb.jnj.com](mailto:UKCS@visgb.jnj.com)  
Tel: 0870 6088990

Name and full postal address of your Bank or Building Society branch

To: The Manager \_\_\_\_\_

Bank/Building Society

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Name(s) of Account Holder(s)

Branch Sort Code (from the top right hand  
Corner of your cheque)

-  -

Bank or Building Society Account No

Banks and Building Societies may not accept  
Direct Debit Instructions from some types of  
account.

**J & J Account No.**

Instructions to your Bank or Building Society

Please Pay:

Johnson & Johnson Medical Ltd  
Direct Debits from the account detailed on this  
Instruction subject to the Direct Debit Guarantee

Signature(s) *(wet signature required)*

Date of Signature

**The Direct Debit Guarantee**



If the amounts to be paid or the payment dates change, you will be told of this in advance by at least 14 days as agreed. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society. This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. If an error is made by Johnson & Johnson Medical Ltd or your Bank or Building Society, you are guaranteed an immediate refund from your branch of the amount paid. You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.