



Direct Debit Form

Instructions to your Bank or Building Society to pay by Direct Debit



I would like to make a donation of £..... per month

Please make the first payment on the 5th/15th (delete as appropriate) of(month)(year)

Your Details (please complete in block capitals)

Name of account holder

Bank/building society account number

Sort code

To the Manager (name of bank/building society)

Branch address

Reference number (office use only)

Originator's identification number

403089

It is essential that you complete this section

(This is not part of the instruction to your bank or building society)

Title Initials Surname:

Address

Postcode Tel No.

Email

Instruction to your Bank or Building Society

Please pay to Dorset County Hospital NHS Foundation Trust Charitable Fund direct debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Dorset County Hospital NHS Foundation Trust Charitable Fund and, if so, details may be passed on electronically to my bank/building society.

Signature(s)

Date

NB: Banks and Building Societies may not accept direct debit instructions from some types of account.

* Dorset County Hospital NHS Foundation Trust Charitable Fund will keep your data in accordance with the Data Protection Act 1998. We do not share your details. If you would rather not receive further correspondence from the Charity, please tick this box



Make your gift worth even more...

Do you pay tax? Yes No

If yes, your gift will be worth almost a third more to the Hospital Charity – at no extra cost to you. All you have to do is complete the details below.

I am a UK taxpayer and I would like Dorset County Hospital NHS Foundation Trust Charitable Fund to treat all donations I make in the future as Gift Aid donations, until I notify you otherwise. I declare I pay an amount of income or capital gains tax equal to the tax the Charity claims on my donations in that financial year.

Signature:.....

Date:.....



This guarantee should be detached and retained by the Payee

The Direct Debit Guarantee



This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society. If the amounts to be paid or the payment dates change, Dorset County Hospital NHS Foundation Trust Charitable Fund will notify you at least ten working days in advance of your account being debited or as otherwise agreed. If an error is made by Dorset County Hospital NHS Foundation Trust Charitable Fund or your Bank or Building Society, you are guaranteed a full and 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.

Dorset County Hospital NHS Foundation Trust Charitable Fund. Registered Charity 1056479

Thank you for your support. Please complete and return this form to:

Dorset County Hospital Charity, Fundraising Office - Trust HQ, Williams Avenue, Dorchester, Dorset, DT1 2JY