

Direct Debit Form



connect

the communication disability network

Please fill in the whole form and return to:

Tristan Paton, Connect, 16-18 Marshalsea Road, London, SE1 1HL

Bank/Building Society Name: _____ Address: _____ _____ Postcode: _____ Name of Account Holder _____ I would like my gift paid by direct debit from the below bank account. My account number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Sort code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<div style="border: 1px solid black; padding: 5px;"> <p>Instruction to your Bank or Building Society to pay by Direct Debit</p> </div> <p>Service User Number</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20px;">6</td> <td style="width: 20px;">8</td> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">4</td> </tr> </table> <p style="font-size: small; text-align: center;">CAF, Kings Hill, West Malling, Kent, ME19 4TA</p> <p>Reference Number</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20px;">F</td> <td style="width: 20px;">S</td> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">6</td> <td style="width: 20px;">1</td> </tr> </table>	6	8	5	0	6	4	F	S	1	3	6	1
6	8	5	0	6	4								
F	S	1	3	6	1								
_____ <p style="text-align: center;">Signature</p>	_____ <p style="text-align: center;">Date</p>												

I would like to give a donation of: £10 £25 £50 or £ _____

per month quarter year Starting on ____ day of _____ month _____ year

Title _____ Name _____ Address: _____ _____ Postcode: _____ Phone: _____ Email: _____ I have aphasia <input type="checkbox"/> <input checked="" type="checkbox"/> or I am a relative/friend <input type="checkbox"/> <input checked="" type="checkbox"/>	<div style="border: 1px solid black; padding: 5px;"> <p>Gift Aid Declaration – <i>giftaid it</i></p> <p>For every £1 you donate, Connect can claim back 25p</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> I would like CAF Re Connect Ltd to treat all donations I have made for the four years prior to this date and all donations I make from the date of this declaration, until I notify you otherwise, as Gift Aid donation. I understand to qualify for Gift Aid, what I pay in income tax or capital gains tax must at least equal the amount CAF Re Connect Ltd will claim in the tax year.</p> </div>
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For more information on how to donate please visit www.ukconnect.org or call 020 7367 0851

This Guarantee should be detached and retained by the Payer. The Direct Debit Guarantee	
<ul style="list-style-type: none"> This guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits If there are any changes to the amount, date or frequency of your Direct Debit, CAF Re Connect Ltd will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request CAF Re Connect Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request If an error is made in the payment of your Direct Debit, by CAF Re Connect Ltd or your Bank or Building Society, you are entitled to a full and immediate refund of the amount paid from your bank or building society - If you receive a refund you are not entitled to, you must pay it back when CAF Re Connect Ltd asks you to. You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Written confirmation may be required. Please also send a copy of your letter to us. 	

Thank you for supporting Connect