



Originators ID: 706377

Please complete this form and return it to:

Fundraising Department
 Erskine
 FREEPOST NAT12123
 Bishopton
 PA7 5BR

Your details

| |
|------------------|
| Name: |
| Address: |
| |
| |
| Postcode: |

I would like to donate a regular gift of £ _____

Starting on:

Every Month Quarter Year

1st 15th _____

(Insert month/year)

Direct Debit Instruction to your Bank or Building Society

Please pay Erskine Hospital 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 Erskine Hospital Ltd. and, if so, details will be passed electronically to my Bank/Building Society.

Name of account holder(s)

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Reference (For Erskine Use Only)

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Bank Sort Code

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Account Number

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Name and full postal address of your Bank

| | |
|-----------------|-----------------------|
| To: The Manager | Bank/Building Society |
| Address | |
| | |
| Postcode | |

| |
|--------------|
| Signature(s) |
| |
| Date |

LOM

The Direct Debit Guarantee



- The Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are changes to the amount, date or frequency of your Direct Debit the organisation will notify you (normally 10 working days) in advance of your account being debited or otherwise agreed. If you request the organisation to collect a payment, confirmation of the amount will be given to you at the time of request.
- If an error is made in the payment of your Direct Debit, by the organisation 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.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify the organisation.

This guarantee should be detached and retained by the Payer.