

PAYMENT FORM



I want to:

Please check your details and amend any missing or incorrect information.

- Become a New Member £20
- Renew my Membership £20
- Give a donation/Add donation to Membership £ ___

Tick box if NO ACKNOWLEDGEMENT required

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

- I wish to pay my National Eczema Society Membership by Direct Debit.
- I wish to give a regular MONTHLY gift of: £2 £5

Direct Debits are taken on the 15th of the month



- £10 £___ (Other)

Name & full postal address of your Bank/Building Society.

To the Manager

Address

Bank/Building Society account number

Branch sort Code

Service User Number

6
9
8
8
3
8

Please pay Eazipay Ltd re National Eczema Society 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 Eazipay Ltd re National Eczema Society and if so, details will be passed electronically to my Bank/Building Society.

Name(s) of account holder

Signed

Dated

Please fill in the whole form using a ballpoint pen and return in FREEPOST envelope provided or return to Eazipay Ltd re National Eczema Society, 11 Murray Street, LONDON, NW1 9RE.

Reference (OFFICIAL USE ONLY)

PAYMENT BY CHEQUE OR CREDIT CARD

- I enclose a cheque/CAF voucher for £ _____ payable to the National Eczema Society

Please debit my: Mastercard Visa Maestro (Switch) Visa Debit CAFCard

Card number

Expiry date: / Maestro (Switch) Issue No:

Valid from: / Security No: (Last 3 digits on the signature strip on the reverse of the card.)

Signature _____ Date ___/___/___

GIFT AID



Please treat as Gift Aid donations all qualifying gifts of money made in the past four years and all qualifying gifts I may make in the future. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year (6 April – 5 April) it is my responsibility to pay any difference. I understand that the National Eczema Society will reclaim 25p of tax on every £1 that I gave in the past four years.

Signature _____ Date _____

***DIRECT DEBIT GUARANTEE**

This guarantee should be detached and kept by the payer



- 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 Eazipay Ltd re National Eczema Society will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Eazipay Ltd re National Eczema Society 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 Eazipay Ltd re National Eczema Society 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 Eazipay Ltd re National Eczema Society asks you to.
- 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 us.