

# Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form, including the OFFICIAL USE ONLY box opposite, using a ball point pen and send it to:

**St Peter's Hospice**  
 Unit 18 Orchard View,  
 Estune Business Park,  
 Pear Tree Avenue,  
 Long Ashton,  
 Bristol,  
 BS41 9FR

Service User Number

6	9	1	4	3	5
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Name(s) of Account Holder(s)


Bank/ Building Society account number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Reference (for office use only)

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**FOR ST PETER'S HOSPICE - OFFICIAL USE ONLY**

This is not part of the Instruction to your Bank or building society

Name:.....

Address:.....

.....

Postcode:.....

Email:.....

Telephone:.....

Date of Birth:    /    /            (required for gambling law)

I would like ..... entries per week

Payable per month/quarter/6 months/year\*

*\*NB: Per Entry - Monthly £4.34 / Quarterly £13/ 6 monthly £26/ yearly £52*

Collection Date     1<sup>st</sup>     15<sup>th</sup> of the month

*Please note your first payment date and payment schedule will be confirmed in your welcome pack – this will be at least 10 working days from sign up.*

**Instruction to your Bank or Building Society**

Please pay St Peter's Hospice 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 St Peter's Hospice and, so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date