



Charity Name

Colchester Hospitals Charity

1 Your Details (please print in block capitals)

Title. First Name.

Surname.

Address.

Postcode.

Tel. Mobile.

D.O.B. If you would like to receive correspondence via email, please tick here

Email.

2 Payment Frequency

How many entries would you like each week.

How often do you want to pay. (Please tick payment frequency & write amount in box)

Monthly / £4.34 Direct Debit Only

Every 13 Wks / £13

Every 26 Wks / £26

Every 52 Wks / £52

X

=

Total Payable

3 Select your Payment Method

Please fill in the form and return to Unity.
Freepost RLZR - GSYJ - KSZA BARROW-IN-FURNESS LA14 2PE
Name and Full postal address of your Bank or Building Society.

To. The Manager Bank / Building Society

Address.

Postcode

Name(s) of Account Holder(s)

Branch Sort Code.

Bank / Building Society account number

Banks and Building Societies may not accept Direct Debit instructions for some types of account. DD15

Payment by Cheque I enclose a Cheque made payable to Unity (minimum payment £13)

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

Service User Number 4 2 1 1 0 2

Reference.

Instruction to your Bank or Building Society
Please pay Unity 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 Unity and, if so, details will be passed electronically to my Bank / Building Society.

Signature.

Date.

4 Your Consent to Play (I confirm I am over 16 and resident in G.B.) 16

Signature. Date.

For office use only.

If you would prefer not to receive other forms of communication from your chosen society, please tick here