|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Instruction to your bank or building society to pay by Direct Debit | | | | | | | | | | | | | | | | | | | | | |
| **Please fill in the whole form using a ball point pen and send**  **it to:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Service user number** | | | | | | | | | | | | | | | | | | | | | |
| Health Shield Friendly Society Ltd.  Electra Way,  Crewe Business Park,  Crewe,  Cheshire,  CW1 6HS. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **6** | | **2** | | **4** | | | **7** | | | **5** | | **6** | |  | | |  | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Name(s) of account holder(s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Reference** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  | |  |  | |  |  | |  |  |  | |  |  | |  |  | |  |
| **Bank/building society account number** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | | |  | | |  | | | | |  | | |  | | |  | | |  | | |  | **Instruction to your bank or building society**  Please pay Health Shield Friendly Society Limited 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 Health Shield Friendly Society Limited and, if so, details will be passed electronically to my bank/building society. | | | | | | | | | | | | | | | | | | | | | |
| **Branch sort code** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | |  | | |  | | |  | | | | |  | | |  | | |  | | |  | | |  |
| **Name and full postal address of your bank or building society** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| To: The Manager | | | | | | | | | | | | | Bank/building society | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Signature(s) | | | | | | | | | | | | | | | | | | | | | |
|  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | Postcode | | | | | | | | | | | | |  | Date | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  |  | |  |  | |  |  | |  | |  | | |  |  | |  |  | |  |  | |  |  |  |  | | | | | | | | | | | | | | | | | | | | | |
| Banks and building societies may not accept Direct Debit Instructions for some types of account | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DDMANDATE/APRIL2020

This guarantee should be detached and retained by the payer.

|  |
| --- |
| The Direct Debit Guarantee |
| * 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 Health Shield Friendly Society Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Health Shield Friendly Society Limited 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 Health Shield Friendly Society Limited 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 Health Shield Friendly Society Limited 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. |