

MONTHLY DIRECT DEBIT FORM

Any amount which you give helps us to change the way people think about eating disorders



£20 lets *beat* answer five questions in our online Youth Chat Room.

£40 allows a helpline worker to provide support to a caller affected by an eating disorder.

£60 provides a one hour telephone training session for Self Help Network Volunteers.

£80 provides a youth group with *beat* resources so they can help a young person affected by an eating disorder.

£100 allows a *beat* ambassador to talk about and raise awareness of eating disorders in the national media.

Yes, I would like to make a regular monthly gift to *beat*

Please complete in block capitals

Name _____

Address _____

_____ Postcode _____

E-mail _____

Telephone Number _____

I would like to make a monthly gift of £ _____ starting on the 01 / /

Gift Aid - Increase your donation by 28% at no extra cost to you by signing the declaration:

Please treat all my donations, made since 6th April 2001, and all donations I make hereafter as Gift Aid donations, you must pay an amount of UK income tax and/or capital gains tax equal to the tax we reclaim on your donations within the tax year

Signature _____ Date _____

Please tick here if you would rather not be contacted by us in the future

Please return to: **beat**, Wensum House, 103 Prince of Wales Road, Norwich NR1 1DW



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

Please fill in the whole form including official use box using a ball point pen and send it to:

beat
 Wensum House
 103 Prince of Wales Road
 Norwich
 NR1 1DW

Originator's Identification Number

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FOR *beat* OFFICIAL USE ONLY
 This is not part of the instruction to your Bank or Building Society

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	

Instruction to your Bank or Building Society

Please pay *beat* 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 *beat* and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date

Reference Number

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Banks and Building Societies may not accept Direct Debit Instructions from some types of account

This guarantee should be detached and retained by the Payer

The Direct Debit Guarantee



- This Guarantee is offered by all Banks or Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change *beat* will notify you (10 days) working days in advance of your account being debited or as otherwise agreed.
- If an error is made by *beat* or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.