Direct debit form

Pleas Hosp

lease let us know your reason for supportinospital Children's Charity	ng Great Ormond Street Street Hospita Charity
I would like to make a donation of £	per month quarter year (please tick one)
Please start my payments on the 1st 📃 5th 📃 15th	of the month (please tick one)
Title First name Surname Address	We would love to keep in touch and let you know about news and appeals. If you do not wish to receive this information please tick this box . The most cost effective way for us to contact you is by email or SMS. Contact by SMS opt in Contact by email opt in . We will not share or sell your data to third parties for direct marketing purposes.
	For Official Use only DM50/DMW5017/SH16
Postcode Telephone Email	Great Ormond Street Hospital Children's Charity. Registered charity no. 1160024. Supporting the work of Great Ormond Street Hospital for Children NHS Foundation Trust and research undertaken by the UCL Institute of Child Health.
I am a UK tax payer and would like Great Ormond Street Hospital Children's Charity to reclaim tax on the donations I have made in the last four years and any future gifts I make. I understand that if I pay less income tax and/ or capital gains tax than the amount claimed on all my donations in that tax year (6th April – 5th April) it is my responsibility to pay any difference. Sorry, I don't pay tax.	Jiffaid it Please notify the Charity if you want to cancel this declaration, change your name or full home address, no longer pay sufficient tax on your Income or Capital Gains. If you are a higher rate tax payer you can claim personal tax relief via a Self Assessment tax return or ask HM Revenue and customs to adjust your tax code. Date of declaration
	bint pen and send to Freepost RRGK-AXUH-YHCE
Name and full postal address of your bank or building society To the manager	Service User 670718
Bank/building society Address Postcode	Please pay Great Ormond Street Hospital Children's Charity direct debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Great Ormond Street Hospital Children's Charity and, if so, details will be passed electronically to my bank/building society.
Name(s) of account holder(s)	Signature(s)
Branch sort code Bank/building society account number Reference	Date

Banks and building societies may not accept Direct Debit instructions for 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 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, Great Ormond Street Hospital Children's Charity will notify you in 10 working days in advance of your account being debited, or as otherwise agreed.

If you request Great Ormond Street Hospital Children's Charity 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 Great Ormond Street Hospital Children's Charity 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 Great Ormond Street Hospital Children's Charity 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.

