PAYMENT FORM		
ECZEMA SOCIETY		I want to:
	PLEASE ENTER YOUR NAME AND ADDRESS DETAILS IN THE BLANK BOX (LEFT).	Become a New Member Renew my Membership Give a donation/Add donation to Membership £20 £20 £20
		Tick box if NO ACKNOWLEDGEMENT required
INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT		
		Direct Debits are taken on the 15th of the month
I wish to give a regular MONTHLY gift of :		L flo L f (Other)
Name & full postal address of your Bank/Building S	ociety.	Bank/Building Society account number Branch sort Code
To the Manager		
Address		Service User Number 6 9 8 8 3 8
		Please pay Eazipay Ltd re National Eczema Society 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 Eazipay Ltd re National Eczemas Society and if no details will be percent allowers as a society and if no details will be percent allowers as a society and if no details will be percent allowers.
Name(s) of account holder		ma Society and if so, details will be passed electronically to my Bank/Building Society.
		Signed Dated
Reference (OFFICIAL USE ONLY)		Please fill in the whole form using a ballpoint pen and send to Eazipay Ltd re National Eczema Society, 11 Murray Street, London, NW1 9RE.
GIFT AID		
giftaid it		
Please treat as Gift Aid donations all qualifying gifts of money made in the past four years and all qualifying gifts I may make in the future.		
. ,	•	y less Income Tax and/or Capital Gains Tax than the ax year (6 April – 5 April) it is my responsibility to pay any
I understand that the National Eczema Society will reclaim 25p of tax on every £1 that I gave in the past four years.		
ignature Date		
*DIRECT DEBIT GUARANTEE		
This grammates should be detected and least by the gaves		

This guarantee should be detached and kept by the payer



- $\textbf{This guarantee} \ \textbf{is offered by all banks and building societies that accept instructions to pay \ \textbf{Direct Debits}$
- If there are any changes to the amount, date or frequency of your Direct Debit Eazipay Ltd re National Eczema Society will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Eazipay Ltd re National Eczema Society 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 Eazipay Ltd re National Eczema Society 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 Eazipay Ltd re National Eczema Society 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.