

Please fill in the whole form using a ball point pen and send it to

The Gra Dar	Imper Imper Inge Ro Ingtor	rial Ce oad		iance :	Service			
Name	(s) of A	ccount I	Holder(s	s)				
Bank/	Building	Societ	y accou	nt numl	per			1
Branc	h Sort C	ode						ı
Name	and ful	l postal	address	s of you	r Bank o	or Buildi	ing Soci	ety
The M	1anager			В	ank/Bui	lding Sc	ciety	!
Addre	ess							
			ı	Postcod	e			

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

Service User Number
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Your full postal address						
Address						
City						
,						
Postcode						
Tel No						
Email						
Littuii						
Gift Aid □						
Boost your donation by 25p of Gift Aid for every £1 you						
donate.						
Gift Aid is reclaimed by the charity from the tax you pay for						
the current tax year. Your address is needed to identify you as						
a current UK taxpayer.  I want to Gift Aid my donation and any donations I make in						
the future or have made in the past 4 years to Great North Air						
Ambulance Service. I am a UK taxpayer and understand that if						
I pay less income tax and/or Capital Gains tax in a tax year						
than the amount of Gift Aid claimed on all of my donations in that tax year it is my responsibility to pay any difference.						
that tax year it is my responsibility to pay any unreferice.						
Monthly / Quarterly / Annual Donation Amount						
(Minimum £2.00 please) Collection Start Date	_					
£						
L						
Instruction to your Bank or Building Society						
Please pay Great North Air Ambulance Service Ltd Direct Debits						
from the account detailed in this instruction subject to the						
safeguards assured by the Direct Debit Guarantee. I underst						
that this instruction may remain with Great North Air Ambu						
Service Ltd and if so, details will be passed electronically						
Bank/Building Society.						
Signatures						
Signatures	1					

DIRECT

Signatures			
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 changes to the amount, date or frequency of your Direct Debit the GNAAS will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request GNAAS 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 GNAAS 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 your receive a refund you are not entitled to, you must pay it back when GNAAS 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.