

AIR AMBULANCE



SERVING
DORSET & SOMERSET

Tel 01202 891440

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

Dorset and Somerset Air Ambulance Acorn Building
Ringwood Road St
Leonards Dorset
BH24 2RR

Name(s) of Account Holder(s)

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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

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| Bank/Building Society |
| Address |
| |
| |
| Postcode |

Reference (Ticket Number - Please leave blank if not known)

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

Name(s) of Account Holder(s)

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|---|---|---|---|---|---|
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This is not part of the instruction to your Bank or Building Society.

Please Complete the Whole Form Including this Section

Please tick one box to select the payment frequency :-

- Monthly £4.34 per month
 Quarterly £13 every three months
 Half-Yearly £26 every six months
 Annually £52 every year

Preferred Start Date (if any).....

(You will be notified in writing, before the first payment is taken).

Name

Address

.....Postcode

Tel.....

Instruction to your bank or building society.

Please pay Dorset and Somerset Air Ambulance, 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 the Dorset and Somerset Air Ambulance, and if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

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| |
| Date |

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