

Yes! I want to support The Carers Association

My Name

My Address

DATABASE REF:

MY REGULAR DONATION BY DIRECT DEBIT	
I'm making a contribution of €7 per month <input type="checkbox"/>	OR
My own amount of €	per month

Direct Debit Instruction (DDI) - Instruction to your Bank to pay Direct Debits

Originators Identification No.(OIN)

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Please complete parts 1 to 4 to instruct your Bank to make payments directly from your account. Then return the form to:

The Carers Association, Market Square, Tullamore, Co Offaly

1	Please write the name & full address of your bank & branch																		
2	Name of account holder																		
3	Sort Code: <table border="1"><tr><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td></tr></table>			-			-												
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	Account Number: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
4	Your instructions to the Bank, and your Signature																		

- I instruct and authorise you to pay Direct Debits from my account at the request of **The Carers Association**
- I confirm that the amounts to be debited are variable and may be debited on various dates.
- I shall duly notify the Bank in writing if I wish to cancel this instruction. I shall also so notify **The Carers Association** of such cancellation.

The Direct Debit Guarantee

- This is a guarantee provided by your own Bank as a Member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate.
- If you authorise payment by Direct Debit, then
 - o Your Direct Debit Originator will notify you in advance of the amounts to be debited to your account
 - o Your Bank will accept and pay such debits, provided that your account has sufficient available funds
- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed an immediate refund by your Bank of the amount so charged where you notify your bank without undue delay on becoming aware of the unauthorised Direct Debit, and in any event no later than 13 months after the date of debiting of such Direct Debit to your account.
- You are entitled to request a refund of any Variable Direct Debit the amount of which exceeded what you could have reasonably expected, subject to you so requesting your Bank within a period of 8 weeks from the date of debiting of such Direct Debit to your account.
- You can instruct your Bank to refuse a Direct Debit payment by writing in good time to your Bank.
- You can cancel the Direct Debit Instruction by writing in good time to your Bank.

Date: Signature(s):

OR I'd like to make a gift of €25 OR I'd like to make a gift of €.....

By Cheque or Postal order

Credit Card Details: Visa Mastercard Laser

Card Number

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Expiry Date:

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 Security CVV Code:

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Date: Signature of Card Holder:

Please return this form together with your cheque postal order or credit card details in the FREEPOST envelope attached. Thank you.