Direct Debit Form

JEWISH CARE

I would like to support Jewish Care with a monthly gift of:

❑ £20 ❑ £30 ❑ £40 ❑ £50 ❑ £100 ❑ other £ .....

Title: ..... Name: .....

Address: ..... Postcode: .....

Email: ..... Daytime tel: .....

Gift Aid declaration - *Boost your donation by 25p of Gift Aid for every £1 you donate!*
In order to Gift Aid your donation(s) you must tick the box(es) below

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☐ **YES**, I _____ (PLEASE PRINT NAME) would like **Jewish Care** to treat *all my donations in the past 4 years and in the future* as Gift Aid donations. I confirm that I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.
Please notify Jewish Care if you want to cancel this declaration, change your name or home address or no longer pay sufficient tax on your income and/or capital gains.

☐ **No**, I am not a UK Tax Payer Date____/____/_____

Your support enables us to provide vital services to our community. We will send you information by post to tell you about our work and how you can help us through financial support, by taking part in events or by volunteering.

Please tick here if you are happy to receive this information by: ☐ Email ☐ Phone ☐ Text message

You are in control of how we use the information you share with us. If you would like to change the way you hear from us or no longer wish to receive communications from us, you can let us know by contacting our Supporter Care Team on **0208 922 2600** or by emailing **supportercare@jcare.org** To find out more about your rights and how we process your personal information visit **jewishcare.org/privacy-statement** or ask our Supporter Care Team for a copy of our privacy statement.

08/2018

JEWISH CARE

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

DIRECT Debit

Please fill in the form and send to: Jewish Care, Amélie House, Maurice and Vivienne Wohl Campus
221 Golders Green Road, London NW11 9DQ

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society

Address

Postcode

Name(s) of Account Holder(s)

Branch Sort Code

Bank/Building Society account number

Service User Number

9	1	1	7	2	8

Reference Number

Instruction to your Bank or Building Society

Please pay Jewish Care 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 Jewish Care and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

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

DDI5

Charity Reg No. 802559

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee

DIRECT Debit

- 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, Jewish Care will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request 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 Jewish Care 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 Jewish Care 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.