



JOIN OUR FLIGHT FOR LIFE LOTTERY

Simply complete the Direct Debit form and return to:

DSAA, Unit 3, Brook Road, Industrial Estate,
Wimborne, Dorset, BH21 2BH

Name(s) of Account Holder(s)

Sort Code

Account Number

Instruction to your Bank or Building Society.

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

Signature(s):

Date:

The Direct Debit Guarantee

- 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, Dorset and Somerset Air Ambulance Lottery will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Dorset and Somerset Air Ambulance Lottery 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 Dorset and Somerset Air Ambulance Lottery or your bank or building society you are entitled to a full and immediate refund from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Dorset and Somerset Air Ambulance Lottery 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.



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

Service User Number

6 8 2 0 5 4

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 type:

Single Entry
(1 ticket)

Monthly (£5)

Double Entry
(2 tickets)

Monthly (£10)

Preferred start date (if any) _____

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

Name: _____

Address: _____

Postcode: _____

Tel: _____

Email: _____

Consent and Data Protection

PRIVACY: Please be assured that your details will not be passed on to third parties, unless it is to support the charitable objectives of DSAA.

Our privacy policy can be viewed via our website:

www.dsairambulance.org.uk/privacy-statement

I am happy to be contacted by (tick all that apply):

Email Phone Post

I am happy for you to send me a twice-yearly magazine which will inform me of the charity's activities

The names of winners, but not their full address may be used on our website and in promotional material. Tick if you wish to withhold these details

I confirm that I am over 18 and a resident in Great Britain