



# Instruction to your bank or building society to pay by Direct Debit

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

Williams Syndrome Foundation  
Box 103  
5 Charter House  
Lord Montgomery Way  
Portsmouth  
PO1 2SN

Your Address:  
  
  
Postcode:

Service user number

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Name(s) of account holder(s)

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Reference

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**Instruction to your bank or building society**

Please pay Williams Syndrome Foundation Limited 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 Williams Syndrome Foundation Limited and, if so, details will be passed electronically to my bank/building society.

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	Bank/building society
Address	
Postcode	

Signature(s)
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 any changes to the amount, date or frequency of your Direct Debit Williams Syndrome Foundation Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Williams Syndrome Foundation Limited 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 Williams Syndrome Foundation Limited 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 Williams Syndrome Foundation Limited 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.



Write to us: Box 103, 5 Charter House, Lord Montgomery Way, Portsmouth  
PO1 2SN

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**DIRECT DEBIT PAYMENTS**

I/We have completed a Direct Debit instruction and wish to make regular payments to the Williams Syndrome Foundation as follows:

Amount:

Membership Subscription	£10.00
Additional Donation	£ .....
Total	£ ..... p.a.

Payment Date: \*\*\*

I/We understand that the above amount will be claimed on the 1<sup>st</sup> February of each year in accordance with the Direct Debit Guarantee.

Signature(s) .....

.....

Date .....

**Direct Debit payments will start  
1st February 2023**

**Please pay 2022 subscription by bank transfer**

**Bank Details**

**Sort code 40-52-40**

**Account 00023062**

**Name Williams Syndrome Foundation**

**Reference- please use NEW + your surname**

By providing us with your personal data, you consent to the terms and conditions of our privacy notice available on [www.williams-syndrome.org.uk](http://www.williams-syndrome.org.uk)