

Membership Application Form

Healthcare Plan Administered by Easy Direct Debits Limited

Practice Name / Surgery:

YOUR DETAILS:

Please complete the following information in **CAPITALS**

Title: Mr Mrs Ms Miss Other

First Name:

Surname:

Address:
 Postcode:

Telephone: Mobile:

Email address:

How did you hear about our healthcare plan?

[Office use only] Client reference: [Office use only] Staff Member: /

YOUR PET'S / PETS' DETAILS:

Please complete the following information in **CAPITALS**

If you have more than three pets to join, please ask at reception for another form.

	1st Pet	2nd Pet	3rd Pet
Name:			
Species:	Dog / Cat / Rabbit	Dog / Cat / Rabbit	Dog / Cat / Rabbit

[Office use only]

Weight:			
Plan:			
Monthly fee:			
Start date:			
Pet reference:			

PLEASE SIGN HERE

Your practice has terms and conditions of joining the healthcare plan, and separate information which explains what is included when you join.

Please sign to confirm that you have read and understood those terms, and that you would like to join for the benefit of the pet(s) named above.

Your signature: Date:

Signed on behalf of the practice: Date:

HOW WE USE YOUR INFORMATION

- Easy Direct Debits Limited and your veterinary practice will hold and use your personal data (as defined by UK data protection laws) for the purpose of administering your preventative healthcare plan.
- Both Easy Direct Debits Ltd and your veterinary practice may record and monitor inbound and outbound telephone calls for training purposes. These calls may also be referred to in relation to any future queries.
- We will take all reasonable precautions to ensure the security of your data. Your data will not be shared with anyone else unless there is a legal requirement for us to do so.
- You have the right to see your personal data. If you have any queries about the data we hold, or how we use it, please write to either the Practice Manager at your veterinary practice or Easy Direct Debits, 18 Albert Road, Bournemouth, BH1 1BZ.

Easy Direct Debits Limited



Please complete and return this form to reception at your veterinary practice.

Name(s) of account holder(s)

Account number (normally 8 digits)

Branch sort code

- -

Name and full postal address of your Bank/Building Society

Banks and building societies may not accept Direct Debit Instructions for some types of account

The Direct Debit Guarantee



- The 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 the organisation will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request BPS re Easy Direct Debits 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 BPS re Easy Direct Debits 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 the organisation 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 Easy Direct Debits by calling 01202 022 337 or by emailing help@easydirectdebits.co.uk, including both your details and the name of your veterinary practice.

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

Service User Number

Please circle preferred payment date

/

Instruction to your Bank or Building Society

Please pay BPS re Easy Direct Debits 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 BPS re Easy Direct Debits Limited and, if so, details will be passed electronically to my bank/building society.

Signature

Date