Coleg Elidyr
Finance Department
Rhandirmwyn
Llandovery
Carmarthenshire
SA20 0NL

Title_____Forename(s)_____Surname_____

Address_____

_____Post code_____

Please complete payment method A or B or C

A **BY CHEQUE** made payable to **Coleg Elidyr** for the sum of £_____

Please send your cheque and a copy of the form to the address at the top of this page

B **BY DIRECT DEBIT** for the amount of £_____ with the first payment to be made on:

_____(date) _____(month) _____(year)

Frequency of payment: Monthly ☐ Quarterly ☐ Annually ☐

Please complete direct debit mandate opposite

C **BY CREDIT CARD**

I authorise you to debit my account with the sum of £_____

Please send a copy of the form to the address at the top of this page

Card type MASTERCARD / VISA / DELTA / SWITCH

Cardholders Name_____

Card Number

Start Date_____Expiry Date_____Switch Card Issue No._____

Security Code_____

Please complete this section if you are a UK taxpayer

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I am a UK tax payer and I wish all donations I make from the date of this declaration until I notify you otherwise to be tax effective under the gift aid scheme.
Higher rate tax payers can claim further tax relief in their self assessment tax return

Signature.....

Print Name..... Date.....

Please remember to notify us if your circumstances change i.e. you no longer pay Income Tax or Capital Gains Tax equal to the tax the charity reclaims (currently 25p for every £1 you give).

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

DIRECT Debit

Please send this completed Instruction to:

Charities Aid Foundation
Kings Hill
West Malling
Kent
ME19 4TA

Originator's Identification Number

6	8	5	7	9	8

CAF Ref: 8146-01-

Name(s) and address of account holder(s)

Mr/Mrs/Miss/Ms

Address

Postcode

FOR CAF OFFICIAL USE ONLY - This is not part of the Instruction to your Bank/Building Society

Date of first payment on or after:

☐☐-☐☐-2 0☐☐

Bank/Building Society account number

☐☐☐☐☐☐☐☐

Branch Sort Code

☐☐-☐☐-☐☐

Instruction to your Bank or Building Society
Please pay CAF re. COLEG ELIDYR 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 CAF re. COLEG ELIDYR and if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank/Building Society

To: The Manager

Address

Postcode

Signature

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

DIRECT Debit

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, **CAF re. COLEG ELIDYR** will notify you at least ten working days in advance of your account being debited or as otherwise agreed.
- If an error is made by **CAF re. COLEG ELIDYR** or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to CAF, Fundraising Support, Kings Hill, West Malling, Kent ME19 4TA.