Membership Application Form

ractice Name / Surgery:							
YOUR DETAILS: Please complete the following	ing information	in CAPITALS	;				
Title: Mr	Mrs	Ms	Miss	Other			
First Name:							
Surname:							
Address:							
					Postcode	e:	
Telephone:				Mobile:			
Email address:							
How did you hear about	t our healthca	re plan?					
[Office use only] Client reference:				Office use only] Staff Member:			,
YOUR PET'S / PETS' DI Please complete the follow		in CAPITALS	3				ets to join, other form.
		1st Pet		2nd Per	t		3rd Pet
Name:							
Species:	Dog /	′ Cat / Rabl	bit	Dog / Cat / R	abbit	Dog / Cat / Rabbit	
[Office use only]							
Weight:							
Plan:							
Monthly fee:							
Start date:		-					
Pet reference:							
PLEASE SIGN HERE Your practice has terms and included when you join. Please sign to confirm that 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 Limited 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 Limited, 99 Holdenhurst Road, Bournemouth BH8 8DY.





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

Easy Direct Debits Limited 99 Holdenhurst Road Bournemouth BH8 8DY

Name(s	Name(s) of account holder(s)											
Bank/b	uilding	society	accou	nt num	ber							
Branch	sort co	de										

Name	and	full	postal	address	of	your	bank	or	building society

ivanie and fun postal address d	n your bank or building society
To: The Manager	Bank/building society
Address	
	Postcode

Instruction to you	ır
Bank or Building	society
to pay by Direct	Debit

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Reference																	

Instruction to your bank or building society.

Please pay Easy Direct Debits Limited Re Independent Vetcare Limited T/A Pet Health Club 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 EasyDirect Debits Limited Re Independent Vetcare Limited T/A Pet Health Club and, if so, details will be passed electronically to my bank/building society.

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

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, Easy Direct Debits Limited Re Independent Vetcare Limited T/A Pet Health Club will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Easy Direct Debits Limited Re Independent Vetcare Limited T/A Pet Health Club 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 Easy Direct Debits Limited Re Independent Vetcare Limited T/A Pet Health Club 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 Easy Direct Debits Limited Re Independent Vetcare Limited T/A Pet Health Club 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.