

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:

Email address:

How did you hear about our healthcare plan?

[Office use only]
Client reference:

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 the Data Protection Act 1988) 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. Please note that there may be a charge if you wish to do this. 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.

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

Easy Direct Debits Limited



Please complete and return this form to reception at your veterinary practice, or post to:

Easy Direct Debits Limited, 99 Holdenhurst Road, Bournemouth, BH8 8DY

Name(s) of account holder(s)

Account number

Sort code

Name and full postal address of your Bank/Building Society

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

Service User Number

2	9	7	7	6	9
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Reference

Preferred day of month for payment

Instruction to your Bank or Building Society

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

Signature

Date

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