

# Giving by Direct Debit



"Registered charity in England and Wales no. 212325 and in Scotland no.SC040576"

Thank you for giving to the Evangelical Alliance by Direct Debit. Please complete this form (including the Direct Debit Instruction) and return to: Evangelical Alliance, 176 Copenhagen Street, LONDON N1 0ST.

Title	Full Name	Reference (if known)
Address		
Post Code	Date of Birth	
Email	Phone	

☐ I would like to make a monthly/quarterly/annual/other \_\_\_\_\_ (delete as applicable) donation of £\_\_\_\_\_ starting \_\_\_\_\_ (month) \_\_\_\_\_ (year). NB: Collection date will be the 3<sup>rd</sup> of each applicable month.

## Increase the value of your gift for free *giftaid it*

Using Gift Aid means that for every £1 you give, the Evangelical Alliance will receive an extra 25p from the Inland Revenue, helping your donation to go further - it costs you nothing.

Please treat as Gift Aid donations all qualifying gifts of money made today ☐ in the past 4 years ☐ in the future ☐  
Please tick all boxes you wish to apply.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given since 6 April 2009 or will give in the future (depending on the boxes ticked).

Taxpayer's signature	Date
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**Data Protection Act 1998:** By providing your personal details you agree to allow the Evangelical Alliance to contact you by mail, email, telephone or SMS text message in connection with its charitable purposes. The Evangelical Alliance does not make personal data available to external individuals or organisations.

	<b>Instruction to your Bank or Building Society to pay by Direct Debit</b>	
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Please fill in the whole form and send it to:

Evangelical Alliance, 176 Copenhagen Street  
LONDON, N1 0ST

Name(s) of Account Holder(s)

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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	

Originators Identification Number

6	9	1	2	3	2
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Reference (office use only)

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**Instruction to your Bank or Building Society**

Please pay Evangelical Alliance 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 the Evangelical Alliance and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

**Physical signature required. 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 Evangelical Alliance will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Evangelical Alliance 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 Evangelical Alliance 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 Evangelical Alliance 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.