Charity Name

Scottish Spina Bifida Association

THE NATIONS CHARITY LOTTERY

1 Your Details (please print in block capitals)

Title. | First Name.

Surname.

Address.

Postcode.

Tel. | Mobile.

D.O.B. | If you would like to receive correspondence via email, please tick here ☐

Email.

2 Payment Frequency

How many entries would you like each week.

X

How often do you want to pay. (Please tick payment frequency & write amount in box)

- ☐ Monthly / £4.34 Direct Debit Only
- ☐ Every 13 Wks / £13
- ☐ Every 26 Wks / £26
- ☐ Every 52 Wks / £52

=

Total Payable

3 Select your Payment Method

Banks and Building Societies may not accept Direct Debit instructions for some types of account. DD15

☐ **Direct Debit**

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

Please fill in the form and return to Unity.
Name and Full postal address of your Bank or Building Society.

To. The Manager | Bank / Building Society

Address.

Postcode

Originator's Identification No. 4 2 1 1 0 2

Reference.

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

Name(s) of Account Holder(s)

Signature.

Branch Sort Code.

Date.

Bank / Building Society account number

☐ **Payment by Cheque** ☐ I enclose a Cheque made payable to Unity (minimum payment £13)

4 Your Consent to Play (I confirm I am over 16 and resident in G.B.) 16

Signature. | Date.

For office use only.

☐ **Please tick here if you would like to be contacted regarding special promotions available through Unity and its partners.**

The Unity Lottery
Freepost RLZR - GSYJ - KSZA
BARROW-IN-FURNESS
LA14 2PE