



PRIZE DRAW



HEALTHCARE AND LEISURE

I would like to enter the BAWA Prize Draw Lottery

Details

Title	Forename(s)	Surname
Address		
		Postcode
Daytime Telephone	Date of Birth	
Email		

Category of Membership You Hold

Full Sports Package Social & Recreational Social Honorary

Membership Number

Number of Entries You Require

I wish to have _____ entry/s at £4.33 per 4 number entry per month in BAWA Prize Draw Lottery.

The total deductions will be £ _____

SETTING UP PAYMENT

Payroll Deductions To be completed by employees of constituent companies who subscribe via payroll deduction

I request that the sum indicated above (or such other sum as may be determined by the scheme as qualifying contribution) be deducted from my pay until further notice. This authority may be revoked by me at any time by notice in writing.

Company _____

Signed _____ Dated _____

05/15

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 BAWA Healthcare and Leisure will notify you at least ten working days in advance of your account being debited or as otherwise agreed. If you request BAWA Healthcare and Leisure 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 BAWA Healthcare and Leisure 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 BAWA Healthcare and Leisure 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.



Only complete this mandate if you are not able to pay via payroll deductions or you do not already have a Direct Debit set up with BAWA



HEALTHCARE AND LEISURE

Instruction to your Bank or Building Society to pay Direct Debits



**Please fill in the whole form using a ball point pen and send it to:
BAWA Healthcare and Leisure, 589 Southmead Road, Filton, Bristol, BS34 7RG**

Name(s) of Account Holder(s)

Originator's Identification Number

9	4	8	6	8	2
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Reference Number

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Bank/Building Society Account Number

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Branch Sort Code

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For BAWA healthcare and Leisure OFFICIAL USE ONLY
This is not part of the instruction to your Bank or Building Society

Name & full postal address of your Bank or Building Society

To: The Manager _____

Bank/Building Society _____

Address _____

Postcode _____

Instruction to your Bank or Building Society.

Please pay BAWA Healthcare and Leisure direct debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with BAWA Healthcare and Leisure and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s) _____

Date _____

Banks and building societies may not accept direct debit instructions for some types of account