



# Joining form

Please select the date you would prefer your Direct Debit to be taken:

1st  8th  15th  22nd

NET

Adoption Centre /  
Branch Name

Bedford, Biggleswade & District  
Branch

## 1. Your details

Title (please tick):  Mr  Mrs  Ms  Miss

Other (please specify): \_\_\_\_\_

Please complete in BLOCK CAPITALS

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signed \_\_\_\_\_  I am over 16 years old

## 2. How many chances would you like?

### ONE chance

£4.34 a month  £52 annually

### TWO chances

£8.68 a month  £104 annually

We will write to you confirming all payment details.

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 Cats Protection will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Cats Protection 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 Cats Protection 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 Cats Protection 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.

## 3. Keeping in touch

We would like to contact you to ask and inform you about other ways to help the charity. Please mark your preference by ticking as appropriate:

Do not send me mail  Do not telephone me  Please send by email

Cats Protection is registered with the Gambling Commission ([www.gamblingcommission.gov.uk](http://www.gamblingcommission.gov.uk)) under the Gambling Act 2005. Promoter - Lewis Coghlin, Cats Protection, National Cat Centre, Chelwood Gate, Haywards Heath, Sussex RH17 7TT. Reg Charity 203644 (England and Wales) and SC037711 (Scotland). Players must be 16 years of age or older. For terms and conditions visit our website at [www.cats.org.uk](http://www.cats.org.uk).

**Are you gambling more than you really want to?** If you feel you have a problem with gambling, please visit the GambleAware website for help and advice at [www.gambleaware.co.uk](http://www.gambleaware.co.uk) or contact The National Gambling Helpline number is 0808 8020133 lines open 8am to midnight.

## 4. Join by Direct Debit

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



Service user number

2 7 7 9 3 9

Please fill in the whole form using a ball point pen and send to:  
Freepost RTJY-JUCB-AAE, Cats Protection Weekly Lottery, PO Box 1127, MAIDENHEAD, SL6 3LN

Name and full postal address of your bank or building society

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of account holder(s)

\_\_\_\_\_

Branch sort code

\_\_\_\_

Bank or building society account number

\_\_\_\_\_

Reference

\_\_\_\_\_

Instruction to your bank or building society

Please pay Cats Protection 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 Cats Protection 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 accounts

DD16

Join by Debit or Credit Card (complete your card details below)

£ \_\_\_\_\_  One chance  Two chances

For one chance, your payment is £52; for two chances, your payment is £104. This is a one off payment; to renew your subscription automatically with this card, tick here

Please debit the above amount from my:

Visa  MasterCard  Maestro  Other

Name on card: \_\_\_\_\_

Card number:

\_\_\_\_

Valid from:

Expiry date:

Issue number:

\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_

\_\_\_\_ (Maestro only)

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Should we require the security code on the reverse of your card, we will telephone you.