

Please complete all sections
Personal Details Section

Title Mr/Mrs/Ms/Miss	<input type="text"/>	My phone number	<input type="text"/>
My full name	<input type="text"/>	My relationship to child	<input type="text"/>
My date of birth	<input type="text"/>	Account number	<input type="text"/>
My address	<input type="text"/>		
	<input type="text"/>		
Postcode		Child's name	<input type="text"/>
			<input type="text"/>

The information that you provide on this form will be held by Family Equity Plan Limited and used for general business purposes. Family Assurance Group and companies with which it has a business relationship may later contact you using the details you supplied in the personal details section to provide you with details of other products and/or services that may be of interest to you.

If you do not wish to receive marketing material, please tick the boxes as appropriate:

Please do not mail me Please do not call me My email address*

*Only complete your email address if you wish to receive details about other products and services

So that we can maintain the security of your information, please provide:

Memorable name Memorable place

I would like to make a **single** payment of £ (min. £10)

OR
 I would like to make a **regular** payment of £ (min. £10 per month)

Direct Debit collection day
 (only between the 1st to 28th of the month)

Nectar Card number
 (Regular payments only)

Direct Debit Details Section

Instruction to your Bank or Building Society to pay by Direct Debit (please do not detach)

To the Manager

Name and full address of your Bank or Building Society

Service User Number

8	5	3	8	2	6
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Instruction to your Bank or Building Society

Please pay Family Equity Plan Ltd Direct Debits from the account detailed in this Instruction subject to the Guarantee. I understand that this Instruction may remain with Family Equity Plan Ltd and, if so, details may be passed electronically to my Bank or Building Society.

Sort Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name(s) of account holder(s)

Banks & Building Societies may decline to accept instructions from some types of account, such as a savings account

Please remember to sign this Direct Debit instruction

Signature

Date

<input type="text"/>	<input type="text"/>
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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 Family Assurance Friendly Society Ltd will notify you five working days in advance of your account being debited or as otherwise agreed. If you request Family Assurance Friendly Society Ltd 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 Family Assurance Friendly Society Ltd 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 Family Assurance Friendly Society Ltd 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.