MEMBERSHIP PLAN AGREEMENT *between* SUTTON PARK DENTAL CENTRE *and*

Title Mr/Mrs/Other **First Name**

Surname **Date of Birth** / /

Tel. No. **Mobile No.**

Address

Postcode

Email addresses

@

@

Method of Payment

Monthly Direct Debit ☐ ***C2*** **£21.00 per month (plus £10 joining fee, added to first payment)**

I have read the Terms and Conditions, and accept this Agreement:

Patient Signature ..... Date: / /**20**

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

DIRECT Debit

Please fill in the whole form using a ball point pen and send to:
SUTTON PARK DENTAL CENTRE

Name and full postal address of your bank or building society

To: The Manager — Bank/building society

Address

Postcode

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Service user number

8	3	9	2	8	1			

Reference

Instruction to your bank or building society

Please pay SUTTON PARK DENTAL CENTRE 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 SUTTON PARK DENTAL CENTRE and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date / / 20_ _

Please <u>return</u> this form by email, to patientcare@suttonparkdentalcentre.com
Or post to: Sutton Park Dental Centre, 43 Sutton Park Road, Kidderminster, Worcestershire DY11 6LD

Banks and building societies may not accept Direct Debit Instructions for some types of account

This Guarantee should be <u>detached</u> and retained by the payer

DIRECT Debit

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 SUTTON PARK DENTAL CENTRE will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request SUTTON PARK DENTAL CENTRE 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 SUTTON PARK DENTAL CENTRE 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 repay SUTTON PARK DENTAL CENTRE when asked.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation will be required. Please also notify SUTTON PARK DENTAL CENTRE in writing.