



Direct debit payment authorisation for registered charity 1155948 company number 08707265

First name		Surname	
House name/number		Postcode	
Street		Town	
Country		Contact telephone	
Your bank Sort code		Your bank account number	
Your bank name or building society account number			
Account holder name			
Amount to give by direct debit	£1.00 per week (£4 per month)	£2.00 per week (£8 per month)	£3.00 per week (£12 per month)
Or please enter an amount of your choice			
Can we claim gift aid?			

Authorisation signature .....

Date .....

By signing this form you are agreeing that the Caldwell Autism Foundation is authorised to set up a direct debit for the specified amount and that payments can start as soon as the direct debit has been processed.

You have the right to cancel this agreement at any time by phoning the charity directly or by sending written notification.

Please print and post this form to:

Caldwell Autism Foundation  
 Care of the Treasurer  
 Garth  
 Gwernogle  
 Carmarthen  
 SA32 7RN