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

Central Park Dental Practice Ltd "where smiles are born"

Please fill in the whole form and send it to: Central Park Dental Practice, 15 Milehouse Road, Plymouth PL3 4AD

**Name and full postal address of your bank or building society**

To: The Manager — Bank/building society

Address

Postcode

**Service user number**

| 2 | 9 | 5 | 8 | 8 | 5 |
|---|---|---|---|---|---|

**Name(s) of account holder(s)**

**Bank/building society account number**

**Branch sort code**

**Reference**

| A | U | T | O | _ | R | E | F | E | R | E | N | C | E | _ | _ | _ | _ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**Instruction to your bank or building society**

Please pay PPD re Dental Practice 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 PPD re Dental Practice 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

DDI4

This is not part of the Instruction to your bank or building society and must be detached by PPD re Dental Practice before submission to the paying bank.

Please note that your first payment will include an £8.00 registration fee (one-off payment)

| ***Please select your Dental Plan*** | ***Price*** | ✓ |
|---|---|---|
| Central Park Essentials Plan | £7.50 | |
| Central Park Prevention Plan | £14.00 | |
| Central Park Hygiene Plan | £7.50 | |
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|---|---|
| Patient Title: | |
| Patient Full name: | |
| Patient Date of Birth: | |
| Patient Address: | |
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| | |
| Postcode: | |
| Patient Email address: | |
| Treating Dentist: | |

**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 PPD re Dental Practice will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request PPD re Dental Practice 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 PPD re Dental Practice 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 PPD re Dental Practice 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.