PARISHGIVINGSCHEME Title: Mr Mrs Miss Ms Other First name(s):	I wish to give a regular donation for my church Please tick to confirm you have read and understood the information on pages I and 2, including the Frequently Asked Questions. I wish my donation to be used solely for the benefit of: Church / Parish name Morley, St Peter
	I wish my donation to be used solely for the benefit of:
First name(s):	Church / Parish name Morley, St Peter
	PGS Parish code
Surname(s):	In the village / town / city ofMorley
Full home address:	In the Diocese of LEEDS.
Postcode:	I wish to support my parish in the future by agreeing to an annual inflationary increase on my gift.
Telephone:	I understand that the new amount will be communicated to me by letter 30 days prior to the gift donation date. I have the right to opt
Email:	out of this arrangement at any point in the future by communicating my wishes by letter, email or phone to the Parish Giving Scheme.
Starting on the 1st* of(month)(year) * Please allow one month from today NB: Only you can cancel your existing Standing Order I wish to remain anonymous to my parish's Planned Giving Representative (please carefully read 'How will our parish be notified of my donation?' on page 2) Instruction to your Bank or Building Society to	or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand the charity will reclaim 25p for every £1 that I give. Signature
Name and full postal address of your Bank/Building Society	Service User Number
To:The Manager Bank/Building Society	
Address:	Donor reference number (to be completed by PGS office)
	P G S T H A N K Y O U
Postcode:	Instruction to your Bank or Building Society Please pay Parish Giving Scheme 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
Name(s) of Account Holder(s)	remain with Parish Giving Scheme and, if so, details will be passed electronically to my Bank / Building Society.
Branch Sort Code	Signature(s)
	5.5
Bank / Building Society account number	
	Date
Please complete this page and send it to: Parish Giving Scheme	

CUT HERE

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

 $\checkmark If$ you receive a refund you are not entitled to, you must pay it back when PGS 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.