

TSa Dental Care - Membership Plan



This agreement is made between:
TSa Dental Care, 5 Davies Road, West Bridgford, Nottingham NG2 5JE
And the Patient(s) named below.

Your Details

Title: Mr / Mrs / Miss / Other _____ Full Name: _____
Address: _____
_____ Postcode: _____
Tel. No.: _____ Email: _____
D.O.B: ___/___/___ Patient No.: (if known) _____
Current Dentist Name: _____

Your Direct Debit

Instruction to your Bank or Building Society to pay by Direct Debit

Name(s) of Account Holder(s) _____
Branch Sort Code _____
Bank/Building Society account number _____
Signature(s) _____
Date _____

Originators Identification Number
6 7 9 9 5 9

Reference Number (For Office Use)

Instructions to your Bank or Building Society
Please pay Insurance Broking Finance Ltd Direct Debits from account detailed in this instruction subject to the safeguards assumed by the Direct Debit Guarantee. I understand that this instruction may remain with Insurance Broking Finance Ltd and, if so, details will be passed electronically to by Bank/ Building Society.

Banks and Building Societies may not accept Direct Debit Instructions for some types of account. DD15

The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Insurance Broking Finance Ltd will notify you normally 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Insurance Broking Finance Ltd or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building

Insurance Broking Finance Ltd is authorised & regulated by the Financial Conduct Authority. Registered in England No. 04981657. Registered Office: Affinity House, Bindon Road, Taunton, TA2 6AA

Your Declaration

This is our standard agreement upon which we intend to rely. For your own benefit and protection you should read these terms, which continue overleaf, carefully before signing them. By signing this form you are also consenting to the use of personal information as described in clause 4.1 overleaf and are opting to receive marketing information from the Practice. If you wish to receive marketing information from the Practice please tick the box.

Patient Signature _____ Date _____

Your Plan

Monthly Fee: £14.00 (just 46p per day) Joining Fee (if applicable): £ _____ Date of Commencement: ___ / ___ / ___

Signed On Behalf Of The Practice

Signature: _____ Date: _____