

PAYMENT BY ANNUAL DIRECT DEBIT **APPLICATION FOR MEMBERSHIP -**

Please complete this form on both sides, using BLOCK LETTERS, and return by Freepost Freepost RTRX-RKUY-SELT (No stamp required) CR0 9XP CROYDON 125 HIGH STREET **GROSVENOR HOUSE** Civil Service Pensioners' Alliance

Telephone:	ne:		Email:		
Spouse's	s/Partner's Details (If ap)	olvina for i	Spouse's/Partner's Details (If applying for joint members him Out.		
little	Forename	Initials	Surname	Date of Birth	of
If you	uare applying as the wi	dow or wic	If you are applying as the widow or widower of a Civil Servant please tick here	here	Tick here
*I/We v authori debit, f sum of	*I/We wish to join the Civil Service Pensioners' Alliance and I authorise until further notice deduction of subscriptions, by dire debit, for payment to the Civil Service Pensioners' Alliance the sum of	rvice Pen leduction Service F	*I/We wish to join the Civil Service Pensioners' Alliance and I authorise until further notice deduction of subscriptions, by direct debit, for payment to the Civil Service Pensioners' Alliance the sum of	£24.00 per year	r year Tick
				£33.60 per year	r year Tick
£24.00 Please	*£24.00 for individual members *Please tick box as appropriate	rship or t	*£24.00 for individual membership or *£33.60 per year for joint membership *Please tick box as appropriate	ship	
agree	that the deduction rat	e may be	I agree that the deduction rate may be varied if subscription rates alter		
*I/we at market notified	*liwe agree to the use of myle marketing calls, send texts o notified to me/us	our perso r emails a	*I/we agree to the use of my/our personal contact details to enable CSPA to make marketing calls, send texts or emails about membership benefits and services to be notified to me/us	A to make ervices to b	be Tick
Signature	ature		Date		

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Date of Birth

Address

Title

Applicant's Details Forename

initials | Surname

Retirement Date of

Pension Provider

Nat Insurance Number



CIVIL SERVICE PENSIONERS' ALLIANCE

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originator's identification number

SPA Direct Deb It Guarantee. I	CSPA membership number (HQ use only)	k or Building	Bank Sort Code	Name(s) of Account Holders		dress	To the Manager
Please pay CSPA Direct Debits from the account detailed the Direct Debit Guarantee. I understand that this instruction electronically to may Bank or Building Scatter.	hip number	Bank or Building Society Number		unt Holders			Name and address of your Bank or Building Society: To the Manager
Please pay CSPA 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 CSPA and, if so, details will be passed					postcode	AddressBank/Building Society	ling Society:

Direct Debit Guarantee

Date

This Guarantee is offered by all banks and building society that accept instructions to pay Direct Debits

- If there any changes to the amount, date or frequency of your direct debit, the Civil Service Pensioners' Alliance (CSPA) will notify you at least ten working days in advance of your account being debited or as otherwise agreed. If you request CSPA 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 CSPA 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 CSPA asks you to
- You can cancel a direct debit at any time by simply contacting your bank or building society. Written

(web)

(Please DO NOT separate these pages – thank you)