TERM PLUS

Direct Debit Application Form

Please complete in INK attaching a colour passport sized photograph
(on a light background please) and post to WM Card Systems, PO Box 3532, Birmingham B9 9BG.
If you require any assistance in completing this form then please telephone the **DIRECT DEBIT** *Hotline* ***0121 254 6322****, we will be pleased to assist you.*

DATE OF APPLICATION _____

SURNAME _____ *DATE OF BIRTH* _____

FORENAMES _____

MALE ☐ *FEMALE* ☐ *(please tick appropriate box)*

SCHOOL ATTENDED _____

Details of person who will make Direct Debit payments on behalf of the pupil

SURNAME _____ *INITIALS* _____ *TITLE* _____

RELATIONSHIP TO PUPIL _____

ADDRESS _____

_____

_____ *POST CODE* _____

TEL (Home) _____ *TEL (Work)* _____

EMAIL ADDRESS _____

PREVIOUS ADDRESS *(if at current address for less than 3 years)* _____

_____

_____ *POST CODE* _____

☐ **TERM PLUS £19.00** *per month*

Your Term Plus will start on the 1st of the month you request, please indicate which month you would like your Term Plus to start from.

Month _____ *please allow 2 to 3 weeks for your application to be processed*

☐ **TERM PLUS with Metro Add-on £22.75** *per month*

Your Term Plus with Metro Add-on will start on the 1st of the month you request, please indicate which month you would like your Term Plus to start from.

Month _____ *please allow 2 to 3 weeks for your application to be processed*

Signature _____ Date _____

Reference Number

☐☐☐☐☐☐☐☐☐☐☐☐ For WMCS use only

A credit reference agency will be asked to confirm your address and credit status.
All Travel Cards are sold subject to the Company's Conditions of Carriage.
For membership conditions and further information please ring 0121 254 6322.
Prices applicable as at July 2009.

DIRECT Debit

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

Please fill in the form and send to: WM Card Systems, PO Box 3532, Birmingham B9 9BG.

Name and full postal address of your Bank or Building Society

To: The Manager, (name of Bank/Building Society) _____

Address _____

_____

_____

_____ Postcode _____

Name(s) of Account Holder(s)

Bank/Building Society Account Number ***Branch Sort Code***

☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐

Reference Number

☐☐☐☐☐☐☐☐☐☐☐☐ *For WMCS use only*

Originator's Identification Number

9	4	0	8	1	3

Instruction to your Bank or Building Society

Please pay West Midlands Travel Limited 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 West Midlands Travel Limited 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.