

# The Society of Willwriters - TenMinuteWill Payment Form

In Partnership with



Please complete all the following sections in BLOCK CAPITALS and send this form to the address in the Instructions

For office use only:

Plan Holder:

Ref No:

## Section 1 Plan Purchasers details

Name	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
Post Code	<input type="text"/>	Country <input type="text"/>
Telephone	<input type="text"/>	Email <input type="text"/>

## Section 2 Type of Plan

## Section 3 Method of Payment

Please tick your method of payment and enter amounts where relevant.

Cheque	<input type="checkbox"/>	Amount	<input type="text"/>	£	Credit card	<input type="checkbox"/>	Please refer to section 5
					Instalments	<input type="checkbox"/>	Please refer to section 4

Make cheques payable to Golden Leaves Trust

## Section 4 Paying by Instalments

If you are paying by instalment, there will be an interest charge of 6% per annum, except for the first 12 months.

<b>Payment Period</b>	12 months	<input type="checkbox"/>	First Monthly Payment	<input type="text"/>	£
All disbursements for new graves are to be paid on the first month of the contract.	24 months	<input type="checkbox"/>	Monthly Payment	<input type="text"/>	£
	36 months	<input type="checkbox"/>	Total Amount payable	<input type="text"/>	£
	48 months	<input type="checkbox"/>	Date first payment due	<input type="text"/>	/ /
	60 months	<input type="checkbox"/>	Date of last payment on	<input type="text"/>	/ /

Once you have completed Section 4 and are paying by Direct Debit please complete the details overleaf.

## Section 5 Credit Card details

Type of Credit Card Visa  Mastercard  Switch  Solo  Delta  Amex

Card Holder details if different from Plan Purchaser details above

Name of Cardholder	<input type="text"/>		As printed on the card				
Billing Address	<input type="text"/>						
	<input type="text"/>						
Post Code	<input type="text"/>		Telephone <input type="text"/>				
Credit Card Number	<input type="text"/>						
Issue Date	<input type="text"/>	/	/	Expiry Date	<input type="text"/>	/	/
Cost of Plan	<input type="text"/>		£				
Surcharge Fee 2.5%	<input type="text"/>		£	Additional administration charge of 2.5% if paying by credit card			
Total	<input type="text"/>		£				

Please debit my account and pay Golden Leaves Trust the amount quoted in section 5.

By signing this form you are confirming that you have read and understood the Terms & Conditions of Golden Leaves Plans.

Signature \_\_\_\_\_ Date \_\_\_\_\_

