DIRECT Debit

INSTRUCTION TO YOUR BANK TO PAY DIRECT DEBITS

4352

Please complete name and full postal address of your bank

To the Manager	Bank/Building Society
Address	
Postcode	

AAGBI

21 Portland Place London W1B 1PX England
Telephone (+44) (0)207 631 1650 Fax: (+44) (0)207 631

Patron: HRH The Duke of York, KCVO, ADC

Service User Number

995352

Association of Dental Anaesthetists

(Please write your full name in this box)

Please complete this form to instruct your bank to make payments directly from your account

THE COMPLETED FORM SHOULD BE RETURNED TO: The Specialist Societies Coordinator, Association of Dental Anaesthetists (ADA) 21 Portland Place, London, W1B 1PY.

1. **Member's name** *(in capitals please)*

   Surname ..... Initials .....

2. Bank account details:

   Name of Account holder .....

. Sort code Account Number

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Banks may refuse to accept instructions to pay direct debits from some types of account.

3. Your instructions to the bank, and signature.

   - I instruct you to pay direct debits from my account at the request of **AAGBI (Association of Dental Anaesthetists - ADA)**
   - The amounts are variable and may be debited on various dates
   - I understand that the **AAGBI (Association of Dental Anaesthetists - ADA)** may change the amounts and dates only after giving me prior notice.
   - I will inform the Bank in writing if I wish to cancel this Instruction.
   - I understand that if any direct debit is paid which breaks the terms of this Instruction, the Bank will make a refund.

Signature ..... Date .....