



# INSTRUCTION TO YOUR BANK TO PAY DIRECT DEBITS

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 4352  
Patron: HRH The Duke of York, KCVO, ADC

### Service User Number (SUN)

<b>995352</b>
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### Membership Reference Number

(Please put your full name in this box)
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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 Co-ordinator, Society for Advancement of Anaesthesia in Dentistry (SAAD), 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 Specialist Societies for **SAAD**
- The amounts are variable and may be debited on various dates
- I understand that the AAGBI Specialist Societies for **SAAD** 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 .....