



# 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 number 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 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.

**The Direct Debit Guarantee**



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit **AAGBI (Society for Advancement of Anaesthesia in Dentistry)** will notify you (at least 10 working days) in advance of your account account being debited or as otherwise agreed, If you request **AAGBI (Society for Advancement of Anaesthesia in Dentistry)** 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 AAGBI (**Society for Advancement of Anaesthesia in Dentistry**) 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 **AAGBI (Society for Advancement of Anaesthesia in Dentistry)** asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please notify us.

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