



Direct Debit Payment Instructions



Please fill in the whole form and send it to:

Dr P. McAlinden
Treasurer
British Association of Community Child Health
5-11 Theobalds Road
LONDON WC1X 8SH

Telephone: +44 (0)20 7092 6084
E-mail: bacch@rcpch.org.uk

Originator's Identification Number

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Name and full postal address of your Bank or Building Society branch

To The Manager	Bank or Building Society
Address	
Postcode	

Name as on Bank Account

Payer Reference number (BACCH Office Use Only)

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Branch sort code

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Account Number

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Please write your name if it is different from the name on your bank account: _____

- I instruct you to pay direct debits from my account at the request of the British Association for Community Child Health
- The Amounts are variable and may be debited on various dates.
- I understand that the British Association for Community Child Health may change the amounts and dates only after giving me prior notice
- I will inform the Bank/Building society 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 under the Direct Debit Guarantee the Bank/Building Society will make a refund.
- Some Banks or Building Societies may refuse to accept instructions to pay direct debits from some types of account.
- Membership is payable half-yearly or yearly, with fees collected on 1st June and 1st December.

Signature: _____

Date: _____

(No Acknowledgement Required)