

# Instruction to your Bank or Building Society to pay by Direct Debit

Please complete both pages of this form using a ball point pen and send it to:

British Association for Cytopathology  
12 Coldbath Square  
London  
EC1R 5HL

Service User Number

9 | 3 | 0 | 7 | 0 | 2

Name(s) of Bank Account Holder(s)

\_\_\_\_\_

\_\_\_\_\_

Bank/Building Society Account Number (must be 8 digits)

| | | | | | | |

Branch Sort Code (must be 6 digits)

| | | | | |

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society

Address

\_\_\_\_\_

\_\_\_\_\_

Postcode

Membership Number (if known)

| | | | | | | | | | | | | | | | | |

I wish to pay my subscription (please tick✓)

- Annually  Collected on 1st December or the first working day thereafter
- Monthly  December – September 10 monthly instalments collected on 1st working day of each month

Where a bank account holder and members names differ, subscription may only be collected where the address of the account holder is provided on the reverse of the mandate.

Instruction to your Bank or Building Society

Please pay (BAC) Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with (BAC) and, if so, details will be passed electronically to my Bank/Building Society.

Bank Account Holder Signature

\_\_\_\_\_

\_\_\_\_\_

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts

P.T.O

**This guarantee should be detached and retained by the Payer.**

## 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 BAC will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request BAC 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 BAC 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 BAC 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 also notify us.

Membership Number (if known): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Details of bank account holder if different from above:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Signature of bank account holder if different from member: \_\_\_\_\_ Date: \_\_\_\_\_



Grade	Annual Direct Debit collected on or just after 1st December 2012	10 monthly instalments (1st December – 1st September)
<b>Consultant</b>	£125.00	£12.50
<b>Advanced Practitioner</b>	£125.00	£12.50
<b>Biomedical Scientist</b>	£30.00	
<b>Junior Consultant</b>	£30.00	
<b>Cytoscreener</b>	£30.00	