

**INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY  
TO PAY BY DIRECT DEBIT**



**Originator's Identification Number**

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

**Please fill in the form and send it to: Association for Palliative Medicine of Great Britain & Ireland  
Lancaster Court  
8 Barnes Wallis Road  
Fareham  
PO15 5TU**

**Name and address of your Bank or Building Society branch**

<b>To the Manager</b>	<b>Bank or Building Society</b>
<b>Address</b>	<b>Postcode</b>

**Name(s) of account holder(s)**

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**Bank or Building Society account number**

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**Branch sort code**

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**APM reference number**

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**Instruction to your Bank or Building Society**

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

<b>Signature</b>	<b>Date</b>
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**The Direct Debit Guarantee**

This Guarantee should be detached and retained by the Payer

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change the APM will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by the APM or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.