Instructions to your Bank or Building Society to pay by Direct Debit

DIRECT Debit

Please fill in the whole form using a ball point pen and send it to:-

CCRD
T/A as Centre for Cosmetic & Reconstructive Dentistry
Woodbury Dental Practice
149 High Street
Tenterden
Kent TN30 6JS

Originator's Identification Number

6	5	4	7	8	4

For (CCRD) Official Use Only

This is not part of the instruction to your Bank or Building Society

Initial monthly debit sum £

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society
Address:
Postcode:

Reference Number

Instruction to your Bank or Building Society

Please pay (CCRD) 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 (CCRD) and, if so, details will be passed electronically to my Bank/Building Society.

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

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Banks or Building Societies may not accept Direct Debit Instructions for some types of account.

Signature(s)
Date:

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This guarantee should be detached and retained by the Payer.

DIRECT Debit

The Direct Debit Guarantee

- 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 payments dates change (CCRD) will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by (CCRD) 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.