



British Society for Gynaecological Endoscopy  
www.bsge.org.uk

## Direct Debit Form

Please complete in black ink and CAPITALS and return to BSGE Secretariat, RCOG, 27 Sussex Place, London, NW1 4RG

Name and Full Postal Address of your Bank/ Building Society

To: The Manager Bank/ Building Society Name: Full Address:  Post code:
--



Name(s) of Account Holders(s)

--

Bank/ Building Society account number

--	--	--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

Originator's Identification Number

6	3	0	1	6	1
---	---	---	---	---	---

BSGE Ref no:

--

### Instruction to your Bank/ Building Society

Please pay the BSGE Direct Debit 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 the BSGE and, if so, details will be passed electronically to my Bank/ Building Society.

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

Signature(s)	Date:
--------------	-------

### The Direct Debit Guarantee (to be retained by Payer):

<p style="text-align: right;"></p> <p><b>The Direct Debit Guarantee</b></p> <ul style="list-style-type: none"><li>• 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.</li><li>• If the amounts to be paid or the payment dates change the BSGE will notify you 14 working days in advance of your account being debited or as otherwise agreed.</li><li>• If an error is made by the BSGE or your Bank or Building Society you are guaranteed a full and immediate refund from your branch of the amount paid.</li><li>• You can cancel a Direct Debit at any time by writing to your Bank of Building Society. Please also send a copy of your letter to us.</li></ul>
---