



Please fill in the whole form including official use box using a ball point pen and <u>post the original</u> to:

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## Instruction to your bank or building society to pay by Direct Debit

9 2 4 2

Service user number

	FOR FPH OFFI	CIAL USE ONLY	
This is n	ot part of the instruction	n to your bank or building society.	
1 <sup>st</sup> January for an 1 <sup>st</sup> January, 1 <sup>st</sup> Ap	nual collections	ited on or immediately after: ber for quarterly collections ions	
You will be notified collections.	ed by the Treasurer befo	ore the beginning of each year the lev	el o
The first amount v	vill be debited on /	1	
PLE	ASE INDICATE PAYM	ENT FREQUENCY BELOW	
Payment should	be: (tick a box)		
. –	Quarterly:	Monthly:	
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This guarantee should be detached and retained by the payer.

Banks and building societies may not accept Direct Debit Instructions for some types of account

## 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 FACULTY OF PUBLIC HEALTH will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request FACULTY OF PUBLIC HEALTH 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 FACULTY OF PUBLIC HEALTH 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 FACULTY OF PUBLIC HEALTH 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.

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