



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

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

DDW

Christian Medical Fellowship
6 Marshalsea Road
London
SE1 1HL

Originator's Identification Number

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Name(s) of Account Holder(s)

Reference

Instruction to your Bank or Building Society

Please pay Christian Medical Fellowship 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 Christian Medical Fellowship and, if so, details will be passed electronically to my Bank/Building Society.

Bank/Building Society account number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Signature(s)

Date

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

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 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 Christian Medical Fellowship will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Christian Medical Fellowship 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.