



Please take this instruction to your local bank or alternatively you can set this up on your internet banking.

Please arrange a standing order to debit my account details below.

Sort Code:

Account Number:

Account Name:

Date of First Payment:

To debit my account on an annual basis on same date as above until further notice.

Amount of Payment: £

Beneficiary Name: British Association for Child and Adolescent Public Health

Beneficiary Sort Code: 400327

Beneficiary Account Number: 32017962

Beneficiary Reference: Membership fee

If you are taking instruction to your bank please sign below to authorise the instruction.

..... (Signature)

..... (Full name) (Date)