

NEW STANDING ORDER AUTHORITY (UK MEMBERS ONLY)

THIS FORM IS REQUIRED TO REPLACE YOUR ORIGINAL DIRECT DEBIT

Please complete in BLOCK CAPITALS and send to the BSSCMD administrator:
 Tim Woodcock, The Old Cottage, Upper Green Road, St Helens, Ryde, Isle of Wight, PO33 1UQ

CUSTOMER/MEMBER:

Your Bank Account in the Name(s) of

Bank name

Branch name

Account Number

Sort Code

Reference

Details sent to Bank electronically?

This new form is required for all new and current UK members

ORGANISATION YOU WISH TO PAY:

A/C Name of Organisation

Organisation's Bank

Branch name

Account number

Sort Code

PAYMENT DETAILS (£100 pa):

Amount of first Quarterly payment

Amount of quarterly payment in words

MEMBER(S) DECLARATION:

I/we agree to pay the above sum quarterly on 15th January, 15th April, 15th July and 15th October until my/our membership terminates.

Signature: _____ Date: _____

Telephone number

I wish to receive the journal Cranio UK as:

a PDF file only: OR Hard Copy:

PLEASE SEND THIS COMPLETED FORM, WITH THE MEMBERSHIP APPLICATION IF APPROPRIATE, TO THE BSSCMD ADMINISTRATOR AT THE ABOVE ADDRESS (EVEN IF YOU HAVE SET THIS UP WITH YOUR BANK ELECTRONICALLY), WHO WILL FORWARD IT TO YOUR BANK IF REQUIRED.