

# ROYAL COLLEGE OF Physicians and Surgeons of glasgow

## 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:

Royal College of Physicians and S	urgeons of
Glasgow	
232-242 St Vincent Street	
Glasgow	
G2 5RJ	
Name(s) of account holder(s)	
Bank/building society account number	
Branch sort code	
	1
lame and full postal address of your bank or buildin	g society
To: The Manager	Bank/building society
Address	
Postcode	!



Service user number

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## **RCPSG**«Pid»

#### Instruction to your bank or building society

Please pay the Royal College of Physicians and Surgeons of Glasgow 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 the Royal College of Physicians and Surgeons of Glasgow and, if so, details will be passed electronically to my bank/building society.

Signature(s)			
Date			

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

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This guarantee should be detached and retained by the payer.

