



Please fill in the whole form and return it to: Dentists' Provident Society, 9 Gayfere Street, London, SW1P 3HN

Name and full postal address of your Bank or Building Society

To the Manager _____
Bank or Building Society _____
_____
Address _____
_____
_____

## Instruction to your Bank or Building Society to pay Direct Debits

Originators No.

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### FOR DENTISTS' PROVIDENT SOCIETY OFFICIAL USE ONLY

This is not part of the instruction to your Bank or Building Society

Please indicate frequency required  
Monthly/Quarterly/Half-Yearly/Annual

Name(s) of Account Holder(s)

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Bank or Building Society Account Number

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Branch Sort Code

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### Instruction to your Bank or Building Society.

Please pay Dentists' Provident Society 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 Dentists' Provident Society and, if so, details will be passed electronically to my Bank/Building Society.

Reference Number

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Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

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

This guarantee should be detached and retained by the payer



### The Direct Debit Guarantee

- This Guarantee is offered by all the 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, Dentists' Provident Society will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by the Dentists' Provident Society 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.