

Membership No.

Name

Amount £ Account No

Payment Form

If you wish to pay by Direct Debit please fill in the form below and return to:
 The British Institute of Radiology, 48-50 St John St, London EC1M 4DG

Instruction to your Bank or Building Society to pay direct debits

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Originators Identification Number



Name and full postal address of your bank or building society branch

To the Manager

Name of Bank/Building Society: _____

Address: _____

Name(s) of account holder(s): _____

Branch sort code: - -

Account Number:

One single payment of £ _____

12 monthly installments of £ _____ per month*
 (*applicable to full membership only)

Signature: _____

Date: ____/____/____

BIR Number (issued by the BIR): _____

WHY CHOOSE DIRECT DEBIT?

Life is busy enough! Sign up to direct debit today and have the peace of mind that your subscription will always be up-to-date.

Renewal payments will be made automatically allowing you to get on with other things.

Direct debit payments also come with a guarantee so you and your money are protected.

DIRECT DEBIT GUARANTEE

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit the BIR will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request the BIR to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit by the BIR or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when the BIR asks you to

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

If you wish to pay by Credit Card please fill in the form below:

Card type (delete as applicable): Visa / MasterCard / Amex

Card number:

Expiry Date (mmyy): CCV Code (3 digits on back of card):

Name (as it appears on the card): _____

Signature _____

Date ____/____/____

If you wish to pay by cheque follow the instructions below:

Cheques should be made payable to "British Institute of Radiology" and crossed "a/c payee only" for the appropriate amount in Pounds Sterling.