



# Direct Debit Instruction Form

**BRICS**  
BRITISH INDIAN COLORECTAL SURGEONS ASSOCIATION

## Instructions

Please make sure to read and understand the terms and conditions stated on the form before signing. Ensure that all information provided is accurate and up-to-date to facilitate a smooth direct debit process.

## Account Holder Information

Full Name		Address: Including City and Postal Code	
Country		Phone	
Email Address			

## Bank Account Details

Bank Name		Bank/Branch Address	
Account Holder Name		Account Number	

## BRICS Bank Account Details

Account Hoder's Name:	British Indian Colorectal Surgeon
Bank Name	Lyods Bank
Account Number	63801468
Sort Code	309897

## Bank Account Details

I hereby authorize British Indian Colorectal Surgeons (hereinafter referred to as "BRICS") to initiate direct debits from my bank account mentioned above. I acknowledge that the payments will be made for the services provided by BRICS and will be debited in accordance with the agreed terms and schedule.



# Direct Debit Instruction Form



## Bank Account Details

Purpose of Direct Debit		Frequency of Payment	
Start Date of Direct Debit		End Date of Direct Debit (if applicable)	
Amount to be Debited		Payment Reference/Invoice Number (if applicable)	

I understand that I can contact my bank to cancel this direct debit authorization or request changes to the payment schedule. I also agree to inform BRIC in writing about any changes to my bank account details or if I wish to terminate this direct debit arrangement.

I understand that if there are insufficient funds in my account on the specified debit date, my bank may charge me a fee and the payment may be retried in the following days.

Signature

*Signature of the Person Submitting this Form*

Name

*Name of the Person Submitting this Form (print)*

Date of Signature

  
*MM*  
*DD*  
*YY*

Please return this form to: [info@bricsuk.com](mailto:info@bricsuk.com)