## Eazipay Ltd re Royal Society of **Tropical Medicine and Hygiene**



| Please fill in the whole form using a ball point pen. Instruction to your Bank or Buil  |                                |  |                          |           |            |             |           |           | ling    |  |
|---|--------------------------------|--|--------------------------|-----------|------------|-------------|-----------|-----------|---------|--|
| Eazipay Ltd re Royal Society of Tropical Medicine and<br>Hygiene<br>Northumberland House  | Society to pay by Direct Debit |  |                          |           |            |             |           |           |         |  |
| 303-306 High Holborn  | 6                              | 9  | 6                        | 3         | 9          | 4           |           |           |         |  |
| London  |                                |  |                          |           |            |             |           |           |         |  |
| WC1V 7JZ  | FOR                            | Eazipay  | Ltd re Ro                | yal Soci  | ety of Tro | pical Me    | dicine a  | nd Hygi   | ene     |  |
| Name(s) of Account Holder(s)  | This                           | OFFICIAL USE ONLY<br>This is not part of the instruction to your Bank or Building Society.                       |                          |           |            |             |           |           |         |  |
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| Bank/Building Society account number  |                                |  |                          |           |            |             |           |           |         |  |
|   |                                |  | _                        |           |            | • • •       |           |           |         |  |
|   | Please p                       | Instruction to your Bank or Building Society<br>Please pay Eazipay Ltd re Royal Society of Tropical Medicine and |                          |           |            |             |           |           |         |  |
| Branch Sort Code  | Hygiene                        | Direct D   | Debits from<br>s assured | n the ac  | count de   | tailed in t | this inst | ruction   | subject |  |
|   | that this                      | instructi  | on may re                | emain wi  | th Eazipa  | ay Ltd re   | Royal     | Society   |         |  |
| Name and full model address of your Dank on Duilding Cosists  |                                |  | e and Hy<br>my Bank/     |           |            | etails wil  | l be pas  | ssed      |         |  |
| Name and full postal address of your Bank or Building Society           To: The Manager         Bank/Building Society   |                                | -  |                          | -         | -          |             |           |           |         |  |
|   | Signatur                       | e(s)   |                          |           |            |             |           |           |         |  |
| Address   |                                |  |                          |           |            |             |           |           |         |  |
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| Postcode  |                                |  |                          |           |            |             |           |           |         |  |
|   |                                |  |                          |           |            |             |           |           |         |  |
| Reference   | Date                           |  |                          |           |            |             |           |           |         |  |
|   | Date                           |  |                          |           |            |             |           |           |         |  |
|   |                                |  |                          |           |            |             |           |           |         |  |
| Banks and Building Societies may not accept   | t Direct Debit                 | Instructi  | ons for so               | ome type  | s of acco  | unt.        |           |           |         |  |
| ⊁   |                                |  |                          |           |            |             |           |           |         |  |
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| This guarantee should be de   | etached and                    | etained  | by the Pa                | iyer.     |            |             |           |           |         |  |
| The Direct I  | Debit Gu                       | arant  | ee                       |           |            |             |           | DIR       | ECT     |  |
| <ul> <li>This Guarantee is offered by all banks and building societies that accept</li> <li>If there are any changes to the amount, date or frequency of your Direct</li> </ul> |                                |  |                          | of Tropic | al Medicin | e and Hvo   | iene will | notify vo | u 5     |  |

- working days in advance of your account being debited or as otherwise agreed. If you request Eazipay Ltd re Royal Society of Tropical Medicine and Hygiene to If an error is made in the payment of your Direct Debit, by Eazipay Ltd re Royal Society of Tropical Medicine and Hygiene of the request
  If an error is made in the payment of your Direct Debit, by Eazipay Ltd re Royal Society of Tropical Medicine and Hygiene 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 Eazipay Ltd re Royal Society of Tropical Medicine and Hygiene 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.