



**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 to:

Ross Miller  
SAGT Subscription Secretary  
14 Springfield Gardens  
Lawthorn, IRVINE  
KA11 2DD

Originator's Identification Number

9 0 1 0 0 6

Name(s) of Account Holder(s)

[Empty box for Name(s) of Account Holder(s)]

SAGT Reference Number (leave blank)

[Empty box for SAGT Reference Number]

Bank/Building Society account number

[Empty box for Bank/Building Society account number]

**Instruction to your Bank or Building Society**

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

Branch Sort Code

[Empty box for Branch Sort Code]

Name and address of your Bank or Building Society

To: The Manager Bank / Building Society  
Address  
Postcode (please include)

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 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 SAGT will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made SAGT 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.

