

STANDING ORDER TO BRITISH ACADEMY OF CHILDHOOD DISABILITY

Please complete and return this form to BACD, 5 Theobalds Road, London WC1X 8SH
DO NOT send it directly to your bank

ANNUAL SUBSCRIPTION RATES 1 May – 30 April	
Medical Doctors	£40
All Other Professionals	£30
Team Membership	£140

Your Name -----

Your Address -----

Your bank details

Bank Address -----

Postcode -----

Sort Code ____ / ____ / ____ **Account Number** -----

Name your account is in -----

Please Pay (BACD will complete the account details, date of first payment, and reference):

British Academy of Childhood Disability (BACD)	National Westminster Bank 26 Spring Street London W2 1JA
SORT CODE:	ACCOUNT NUMBER:
THE SUM OF: £	AMOUNT IN WORDS:
Date of first payment:	And thereafter every 1 May annually
REFERENCE	To be included on the narrative for the Standing Order

Your signature: ----- Today's date: ____ / ____ / ____

Please inform the BACD Administrator of any changes or cancellations to your standing order. Note: The bank will not undertake to make any reference to Value Added Tax or any other indeterminate element, to advise payer's address to beneficiary, to advise beneficiary of inability to pay nor to request beneficiary's banker to advise beneficiary of receipt.