

QUINN healthcare



DIRECT DEBIT INSTRUCTIONS

QUINN-healthcare Membership /
Quotation Number:

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Please write the full name and address of your bank or building society.

To: The Manager

Name of Account Holder(s)

Account Number:

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Bank Sort Code:

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Monthly

Quarterly

Annually

A credit charge applies if paying by instalments.

Note: Direct Debits are collected the first working week of each month.

Declaration:

I/we instruct you to pay direct debits from my/our account at the request of QUINN-healthcare. The amounts are variable and may be debited on various dates. I/we understand that QUINN-healthcare may change the amounts and dates only after giving prior notice. I/we will inform the bank/building society in writing if I/we wish to cancel this instruction. I/we understand that if any direct debit is paid which breaks the terms of this instruction, the bank/building society will make a refund.

Signature(s):	Date:

QUINN-healthcare Limited Identification Number: **301467**

(Banks and building societies may refuse to accept instructions to pay direct debits from some types of account.)