ABDO Direct Debit Scheme

Mandate for UK account holders only

ABDO Membership Services

Unit 2, Court Lodge Offices, Godmersham Park, Godmersham, Canterbury, Kent CT4 7DT Telephone 01227 733 902 · 01227 733 912 · 01227 733 922 Email membership@abdo.org.uk Website www.abdo.org.uk







Please complete the Direct Debit mandate opposite, and return it to ABDO.

Please detach and retain this section for your records.

Please note:

- A separate mandate is required for each member, and the member must also be the account holder.
- Once we have received your mandate we will write to confirm (giving at least two weeks' notice), the dates and amounts of deductions to be made.
- · If you have Professional Indemnity Insurance, this will also be included.
- This mandate will automatically supersede any previous Direct Debit mandate held by ABDO.

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Website www.abdo.org.uk

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, ABDO will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- · If an error is made by ABDO or your bank or building society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- · You may cancel a Direct Debit at any time by writing to your bank or building society. Please also send a copy of your letter to ABDO or notify us by phone.



This guarantee should be detached and retained by the Payer

Please complete the details below and return this form to ABDO Membership Services membership@abdo.org.uk

Name and full postal address of your Bank / Building Society

To: The manager

Bank / Bulilding society
Address
Postcode
Name(s) of account holder(s)
Bank / Building Society account number
Branch Sort Code

Banks and Building Societies may not accept Direct Debit instructions from some types of accounts Originator's Identification Number 9 2 6 1 9 5

Reference number (official use only)	
Instruction to your Bank / Building	
Society Please pay ABDO Direct	
Debits from the account detailed in	
this Instruction subject to safeguards	
assured by the Direct Debit Guarantee.	
I understand that this instruction may remain with ABDO and, if so, details	
will be passed electronically to my	
Bank/Building Society.	
Signed	
Date	
Frequency	
Annually (Feb)	
Half-yearly (Feb & Aug)	
Quarterly (Feb, May, Aug & Nov)	
Monthly (Feb through to Nov)	
Preferred day of the month for deductions	s
☐ 6th ☐ 15th ☐ 21st	
Last working day of month	
Member name	
ABDO No	
Signed	

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