

## Instruction to your Bank or Building Society to pay by Direct Debit



Please fill in the whole form and send it to:

CHIVA Organising Secretariat  
 1 Mountview Court  
 310 Friern Barnet Lane  
 London  
 N20 0LD

Originator's Identification Number

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Name(s) of Account Holder(s)


Reference Number *(To be completed by CHIVA)*

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Bank/Building Society account number

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Branch Sort Code

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**Instruction to your Bank or Building Society**

Please pay the Children's HIV Association Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with the Children's HIV Association and, if so, details will be passed electronically to my Bank/Building Society.

Name and full address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address: .....	
.....	
.....	
.....	
Postcode: .....	.....

Signature(s):
Date:

**Banks or Building Societies may not accept Direct Debit instructions for some types of account.**



### 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, the Children's HIV Association Secretariat will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- 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.
- If an error is made by the Children's HIV Association Secretariat or your Bank/Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.

