

**Please fully complete the Direct Debit mandate form and return with the Registration form to DPAS**

- 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 (Please retain this section for your records)
- If the amounts to be paid or the payment dates change, you will be told of this in advance by at least 14 days as agreed.
- If an error is made by Dental Payment Administration Services Limited 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.



## Instruction to your Bank or Building Society to pay Direct Debits



**Please fill in the whole form and send it to:**

Dental Payment Administration Services Limited,  
Fonthill Bishop, Salisbury, SP3 5WW

**1. Name and full postal address of your Bank or Building Society branch**

To: The Manager	Bank or Building Society
Address :	
Postcode :	

**2. Name(s) of account holder(s)**


Originators Identification Number

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**3. Branch sort code (from the top right hand corner of your cheque)**

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**4. Bank or Building Society account number**

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**5. Reference number**

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**6. Instruction to your Bank or Building Society:**

Please pay **Dental Payment Administration Services Limited (DPAS)** 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 DPAS and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s) :	Date :

*Banks and Building Societies may not accept Direct Debits for some types of account.*