**Standing Order Form for BSSVD Membership**

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| --- | --- |
| Your Details | |
| Name: |  |
| Job title: |  |
| Address: |  |
|  |  |
| Branch name (being debited) |  |
| Sort Code (being debited) |  |
| Account Number (being debited) |  |

|  |  |
| --- | --- |
| Details of Standing Order | |
| Does this instruction replace any existing standing order |  |
| Recipient’s Name | British Society for the Study of Vulval Disease |
| Payment Reference (if required) | BSSVD Membership |
| Payment Amount (£60 or £20) | Full membership £60  Trainee/Specialist Nurse £20  (Delete as appropriate) |
| First Payment Date |  |
| Payment Frequency | Yearly |
| Recipient Bank | Lloyds Bank Plc |
| Recipient Branch Name | High Street Leicester |
| Recipient Sort Code | 30-94-97 |
| Recipient Account Number | 01813440 |
| Please say “No” if you do not agree to a recurring payment |  |
| Please give any special instructions |  |

**I authorise you to debit my/our account in accordance with your standard payment terms**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send a copy to your bank and [admin@bssvd.org](mailto:admin@bssvd.org)