

PAYMENT BY DIRECT DEBIT



Chartered Quality Institute

Instruction to your Bank or Building Society to pay direct debits

1. Name and full postal address of your bank or building society branch

To the manager _____ bank / building society.

Postcode _____

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

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

4. Bank or building society account number

5. CQI Membership / Registration number

6. **Instruction to your bank or building society.** Please pay the Chartered Quality Institute direct debits from the account detailed on this instruction subject to the safeguards assured by the direct debit guarantee.

Signature _____ Date _____

Standing order cancellation

Please cancel my / our standing order authority payable to the Chartered Quality Institute under _____

Account reference number _____

Name of bank or building society _____

Customer's account name _____

Account number

Branch sort code

Signature _____ Date _____



Please return to:
2nd Floor North,
Chancery Exchange,
10 Furnival Street
London, EC4A 1AB