

Instruction to your bank or building society to pay by direct debit.

Please fill in the whole form using a ball point pen and email to: membership@hfma.org.uk
Or post to: Healthcare Financial Management Association, 1 Temple Way, Bristol, BS2 0BU



Name and full postal address of your Bank or Building Society

To: The Manager	Bank/building society
Address	
Postcode	

Originator's Identification Number

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For HFMA Official use only
This is not part of the instruction to your bank or building society.

Name(s) of account holder(s)

Branch sort code

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Bank/building society account number

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Instruction to your bank or building society

Please pay HFMA Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with HFMA and, if so, details will be passed electronically to my bank/building society.

Signature(s)
Date

DD17

DATA PROTECTION ACT 1998

The Healthcare Financial Management Association (HFMA) will hold your personal data (for example, your contact details) on its computer database. This information may be accessed, reviewed and used by HFMA and its associates for normal administrative purposes (for example, processing your membership application/renewal and contacting you in respect of your membership) and conducting internal market research. HFMA may also periodically send you information on events, conferences and publications you may be interested in. If you do not wish to receive such information please tick this box.

HFMA may also provide your personal information to carefully selected third parties (a list of whom are available on request) in order to provide you with information on non-HFMA events, conferences, publications and various affinity benefits. Where possible, the information sent to you by third parties will be targeted to focus on your likely interests. However, if you do not wish your personal details to be used in this way, please tick this box.

Banks and building societies may not accept Direct Debit Instructions for some types of account. This Guarantee should be detached and retained by the payer.



The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Healthcare Financial Management Association will notify you 10 working days in advance of your account being debited. If you request Healthcare Financial Management Association to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Healthcare Financial Management Association or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Healthcare Financial Management Association asks you to.
- You can cancel a Direct Debit at any time by simply contracting your bank or building society. Written confirmation may be required. Please also notify us.

Application for membership

Title	First name (s)
<input type="text"/>	<input type="text"/>
Surname	Job title
<input type="text"/>	<input type="text"/>
Organisation	Home postal address
<input type="text"/>	<input type="text"/>
Preferred telephone number	
<input type="text"/>	
Email address	
<input type="text"/>	

Membership Type:

	Annual DD	Monthly DD	Promo code
Member Band 6+	<input type="checkbox"/> £60.00	<input type="checkbox"/> £5.00	<input type="text"/>
Member Band 5-	<input type="checkbox"/> £35.00	<input type="checkbox"/> £3.00	
Retired Member	<input type="checkbox"/> £35.00	<input type="checkbox"/> £3.00	
Associate Member	<input type="checkbox"/> £84.00	<input type="checkbox"/> N/A	

Qualification:

AAT ICAEW ACCA ICAI CIMA ICAS CIPFA

Other (please specify)

Preferred branch:

Please consider whether it is more appropriate for you to be a member of the branch closest to your place of work or your home if they differ.

- | | | | |
|-----------------------------------|---|--|--|
| <input type="checkbox"/> Wales | <input type="checkbox"/> Kent Surrey & Sussex | <input type="checkbox"/> Yorkshire | <input type="checkbox"/> South West |
| <input type="checkbox"/> London | <input type="checkbox"/> Northern Ireland | <input type="checkbox"/> South Central | <input type="checkbox"/> East Midlands |
| <input type="checkbox"/> Scotland | <input type="checkbox"/> Eastern | <input type="checkbox"/> North West | <input type="checkbox"/> West Midlands |
| <input type="checkbox"/> Northern | | | |

Membership department contacts T 0117 929 4789 E membership@hfma.org.uk

Collection of this information is subject to HFMA's privacy policy which is available from – hfma.org.uk/privacypolicy