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 **Third Party Direct Debit Collection Authorisation Form**

|  |  |
| --- | --- |
| **SECTION 1** | **YOUR DETAILS** |

|  |  |
| --- | --- |
| **\*Family name:**  |  |
| **\*First name(s):** |  |
| **\*Date of Birth:** |  |

|  |  |
| --- | --- |
| **RCOG Membership number:** |  |

**Email Address:** **Contact telephone number:**

|  |
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| --- | --- |
| **SECTION 2** | **THIRD PARTY DETAILS** |

|  |  |
| --- | --- |
| **Full name:**  |  |

|  |  |
| --- | --- |
| **Address (including postcode):**  |  |

|  |  |
| --- | --- |
| **Telephone number: Mobile/Home/Work\****\*please delete as appropriate*  |  |

|  |  |
| --- | --- |
| **Relationship to you:**  |  |

|  |  |
| --- | --- |
| **Password:**  |  |

**Please provide an account password that only you and the third party acting on your behalf know. This will be used as a security check for identity verification purposes.**

**Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return for the attention of the Finance Department, RCOG, 10-18 Union Street, London, SE1 1SZ