

Therapy Administration Services Enhanced Directory Profile

Bank Standing Order Mandate

(Do **NOT** complete this Mandate if paying by cheque, postal order or bank transfer)

ACCOUNT IN THE NAME OF: _____

T/A: (If Applicable) _____

YOUR ACCOUNT NUMBER : _____ YOUR BRANCH SORT CODE: _____

YOUR BANK OR BUILDING SOCIETY NAME: _____

BANK ADDRESS: _____

_____ POST CODE: _____

PLEASE CREDIT: Therapy Administration Services

Account Number: 23321968 Bank: Lloyds Sort Code: 30-90-44

The sum of: **£35.00 (THIRTY-FIVE POUNDS)**
on receipt of this Order and then **ANNUALLY** until cancelled by me

SIGNATURE: _____ DATE: _____

FULL NAME: _____

ADDRESS: _____

_____ POSTCODE: _____

Please complete this Mandate and either:

Post to: Therapy Administration Services PO Box 126 MORDEN SM4 9EA

OR

Scan and email to: admin@general-hypnotherapy-register.com