

Bank Standing Order Mandate

PLEASE COMPLETE IN BLOCK CAPITALS

To: Bank Name	
Bank Full Postal Address: (please complete in <u>full</u> in order to reduce any delays)	
Bank Post Code:	
Please debit my Account Number:	
Sort Code:	
Account Holder's Name:	

Please pay the following annual membership fee to The National Hypnotherapy Society as detailed below until cancelled by me.

**FIRST PAYMENT DATE ON RECEIPT OF THIS FORM, and then
ANUALLY THEREAFTER.**

(office use only) REFERENCE :

- £100.00 Charities
 £200.00 University/College/Ltd Company/Sole Trader/LLP

To be credited to the account of:	
Account Name:	The National Hypnotherapy Society
Account Number:	96700823
Sort Code:	60-21-20
Bank Address:	NatWest Bank, 58 High St., Tenterden, Kent TN30 6AX

Member's Signature: _____
 Date: _____
 Full Name and Title: _____
 Full Postal Address: _____

 Postcode: _____

Please return your completed Standing Order Mandate to:

**THE NATIONAL HYPNOTHERAPY SOCIETY, 19 Grafton Road, Worthing, West
Sussex, BN11 1QT**