

Bank Standing Order Mandate

PLEASE COMPLETE IN BLOCK CAPITALS

<u> </u>		
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:		
Discourse the fellowing energy week	مامدم	in facto The National Humantheyen, Cosist.
Please pay the following annual membership fee to The National Hypnotherapy Society as detailed below until cancelled by me.		
First Payment amou		£250.00 (Two Hundred and Fifty Pounds)
Date of first payment:		On Receipt
Subsequent payment amount:		£200.00 (Two Hundred Pounds)
Subsequent payment date:		Anniversary of 1 st payment
Frequency:		Annually
(For office use only) Payment Reference:		
To be credited to the account of:	ı	
Account Name:	The	e National Hypnotherapy Society
Account Number:	96700823	
Sort Code:	60-21-20	
I Bank Address, I		tWest Bank, 58 High St., Tenterden, Kent
		30 6AX
Member's Signature:		
Date:		
Full Name and Title:		
Full Postal Address:		
Dooksada		
Postcode:		

Please return your completed mandate to our postal address below: