

STANDING ORDER FORM TO PAY PPA SUBSCRIPTION

Your bank details:

To.....Bank

Postal Address.....

.....

Post Code:

Please pay

Beneficiary name : **Physiotherapy Pain Association**

Bank: Co-operative Bank plc
Branch address : Lyceum Building, 1 Bold Street,
Liverpool, L1 4NW
Sort Code: 08-90-86
Account Number: 50113361

The sum of: £ 15.00

Amount in words

Date of First payment:

Thereafter, date and frequency: 1st April each year

Name of Account to be debited:

Account Number:

Sort Code:

Reference:

Please cancel all previous standing order mandates to the PPA in favour of the above.

Signed:

Name Printed:

Address:

Dated:

Please complete form above and send one copy to:

PPA Administrator, PO 4634, Coventry CV4 0EA