

Please complete if taking part in taster/workshop opportunities – remember to complete the payment reference with your name so we can track the payment

New Standing Order Instruction

To

Bank

Please set up the following Standing Order and debit my/our account accordingly

1. Account details

Account name

Account Number

Account holding branch

Sort code

2. Payee details

Name of person or organisation you are paying

FEEL GOOD THERAPIES LTD

Payment reference (if known) – this will appear on the bank statement of the person or organisation you wish to pay

THERAPIES UNITED (.....)

Sort code – the bank code of the person or organisation you are paying

83 18 47

Account number – the account number of the person or organisation you wish to pay (Eight digits – if less place zeros at the front)

00618406

3. About the payment

How often are the payments to be made

Weekly Two Weekly Four Weekly Monthly
Quarterly Half Yearly Yearly

Amount details

Date and amount of first payment (please allow 3 working days for receipt)

ASAP

£ 7.50

Date and amount of ongoing payments (if different from the first payment)

£ 7.50

Choose one of the following two options

1. Date and amount of final payment

£

2. Until further notice

(payments will be made until you cancel this instruction)

4. Confirmation

Customer signature(s)

Date