

**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: £ 20.00

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**