

Standing Order Form

Instructions to your Bank or Building Society

Please complete in BLOCK Capitals and in BLACK ink

1. Details of the Account where payments will come from

Name of Bank or Building Society Branch address including postcode

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Sort Code Name of Account Holder(s)

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Account Number

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2. Instruction to Bank or Building Society

Please Debit Frequency Start Date

£30 (Thirty Pounds)	Annually	DD	MM	YYYY

Payee Reference (your name)

	Continue payments unless cancelled in writing (mark box with an X)
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FOR BANK USE ONLY

3. Details of where credit payments are to be sent:

Name of Bank or Building Society Branch address including postcode

Lloyds Bank	PO Box 1000, Andover BX1 1LT
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Sort Code

3	0	9	0	8	9
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Account Number

3	9	8	3	5	4	6	0
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Name Address including postcode

Tissue Viability Society (TVS)	c/o Clinical Trials Research Unit, University of Leeds, Leeds LS2 9JT
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4. Declaration

I hereby authorise this standing order, cancelling any previous instructions regarding the Tissue Viability Society (TVS)

Signed:

Date:

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Please return your completed form to: TVS Administrator, Tissue Viability Society (TVS), c/o Clinical Trials Research Unit, University of Leeds, Leeds, LS2 9JT OR email: tvsv@tvsv.org.uk