FOR PAYMENT BY STANDING ORDER MANDATE

| To: | The Manager |
|--|---|
| | [Bank Name] |
| Bank address: (i.e your bank) | [Bank Address] |
| (,) = 2, | |
| Please pay: | Lloyds TSB Bank plc University of Cambridge Branch PO Box 1000 BX1 1LT |
| For the credit of: | The Group Therapy Centre Account Number: 00015775 |
| Bank Details: | Sort Code: 30-91-56 Reference: your full name |
| The sum of: | £ |
| Commencing onfurther notice and debit my a | and thereafter on the [th] day of the month unti ccount accordingly:- |
| Account to be debited: | [Your bank account name] |
| Account number: | |
| Sort code: | |
| Signature: | |
| Date | |

This Standing Order Mandate supersedes all previous standing orders.

(Please send this form to your Bank)