

Standing Order Mandate

Name of your bank :

Address of your Bank : Post-code :

Please pay Lloyds TSB, High Holborn Branch, sort code: 309425, Medical Justice account no: 00859422

The sum £ In words :

on the day of 200..... and thereafter every month until further notice and debit my account accordingly.

Name of account to be debited:

Account Number:

Sort-Code:

Signed:

Date:

Please post completed forms to Medical Justice, 30 Portland Rise, London, N4 2PP - we will forward to your bank for processing