## HESSINGTON HEALTH

**Standing Order Mandate** 

Health-Port

Please complete this form and return a hard copy via post to:

**Hessington Health Ltd** 

22 Crystal Court 95 Bramley Road London, N14 4Ey T: 0200 0758 165

## YOUR BANK DETAILS:

Bank name and branch:	
Bank address:	
	Postcode:
Name of account to be debited:	
Account Number:	Sort Code:
PLEASE PAY	
Beneficiary: Hessington Heatlh Ltd.	Bank: <b>HSBC, Borehamwood</b>
Account number: 11531255	Sort code: <b>40-12-27</b>
On-going annual payments for the amount of:	£175. (one hundred and seventy five pounds)
Commencing: (Note: Please	enter the date two weeks in the future from today)
And thereafter every year until further notice in writin	g.
Please use the name of the account to be debited as	the payment reference.
Authorised Signature:	Date:
Banks may decline to accept instructions to charge Sta than Current Accounts. Please note the bank will not u Added Tax or pay a stated sum plus V.A.T., or other inc	undertake to: Make any reference to Value

Payments may take 3 working days or more to reach the beneficiary's account. Your branch can give further details. Prices are for UK subscribing patients. Non UK patients should enquire as additional fees apply. Nominal scanning fees apply please enquire. The first five pages are scanned without cost as a part of the account setup process. Please read our terms and conditions by visiting www.hessingtonhealth.com/terms-and-conditions

address to beneficiary. Advise beneficiary of inability to pay. Request beneficiary's banker to advise beneficiary of receipt. Accept instructions to pay as soon after the specified date as there are funds

to meet the payment, if funds are not available on the specified date.