



PRINT OUT THE FORM AND POST TO THE CITY SPA
Or drop it in on your next spa visit.

SPA MEMBERSHIP STANDING ORDER FORM

NAME OF APPLICANT

Please complete the following section to inform your bank to set up a monthly standing order for THE CITY SPA

To (your bank)

ACCOUNT DETAILS

Account name..... Account number.....

Account holding branch and address

.....

..... Sort code

Payee Details - Name of person you are paying: **THE CITY SPA**

PAYMENT REFERENCE (this will appear on your statement)

'The City Spa Membership Fee'

SORT CODE: You are paying the The City Spa **20-49-08**

ACCOUNT NUMBER: You are paying The City Spa **50637041**

ABOUT THE PAYMENT

Your account will be debited for the following amount.....

Date of 1st payment

Date of monthly payment if different from 1st payment date.....

Payment will be made until further notice and you are agreeing to a 1 year minimum membership agreement with The City Spa Leicester Ltd. To cancel your agreement you will need to inform us in writing of your intention to cease your membership for which 3 months notice is required.

CONFIRMATION – PLEASE SIGN BELOW

Sign

print

Date.....