

STANDING ORDER AUTHORITY

1 Your Details

Your Full Name

Branch Name

Sorting code

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Your contact telephone number

Account Number:

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2 Standing Order Details

Does this instruction replace any
existing standing order instruction?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

How often do you want
the payment made

<input type="checkbox"/>	Monthly
<input type="checkbox"/>	4 weekly

Payee Reference

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If yes please give details in special instructions below

Special Instructions:

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Recipient's Name:

Recipients's Sorting Code

3	0	9	1	3	5
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Chislehurst Millennium Swim Squads

Recipient's Account Number

0	2	3	7	4	5	4	7
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Recipient's Bank and Branch Name

Payment Amount

£	
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Lloyds Bank Bromley

Payment Amount in words

First Payment Date

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Your Signature

Please return this form to your Bank for processing