BANK STANDING ORDER FORM



To: The Manager

Your Bank Address (In Block Capital Letters):

I hereby authoris	e and request you t	to debit my/our o	account d	as follows:	
Your Account N	umber:				
Bank Sort Code	:				
With the sum o	f Pounds £:				
Above amount	in words:				
Frequency (check the box):		Monthly	,	Quarterly	Annually
Start Date:			Until 1	further notice in	writing)
Your Name/Acc					
(In Block Capita					
Signature:					
Date Signed:					
Please credit the	e above amount	to the followin	g:		
	e above amount BECOME UN		g:		
		NITED	-	ALE OL16 1	LL
Account Name:	BECOME UN	NITED _ SQUARE, R	-	ALE OL16 1	LL
Account Name: Bank Address:	BECOME UN TOWN HALL	NITED _ SQUARE, R COTLAND	-	ALE OL16 1	LL