



# STANDING ORDER FORM

## To The Manager:

|                 |  |
|-----------------|--|
| <b>Bank:</b>    |  |
| <b>Address:</b> |  |

## I/We hereby authorise and request you to debit my/our account:

|                      |  |
|----------------------|--|
| <b>Account Name:</b> |  |
|----------------------|--|

| <b>Sort Code:</b> | <b>Account Number:</b> | <b>Amount:</b> | <b>Frequency:</b> |           |          |
|-------------------|------------------------|----------------|-------------------|-----------|----------|
|                   |                        | £              | Monthly           | Quarterly | Annually |

| <b>Beginning Date:</b> | <b>End Date:</b> | <b>Number of payments:</b> |
|------------------------|------------------|----------------------------|
|                        |                  |                            |

## Account to be Credited:

|                        |                         |
|------------------------|-------------------------|
| <b>Account Name:</b>   | FiSH Neighbourhood Care |
| <b>Sort Code:</b>      | 60-07-20                |
| <b>Account Number:</b> | 43543561                |

## Please quote reference:

|  |
|--|
|  |
|--|

|                                  |  |
|----------------------------------|--|
| <b>Your name (block letters)</b> |  |
| <b>Signature:</b>                |  |
| <b>Date:</b>                     |  |

Please return this form to:

**FiSH Neighbourhood Care, Barnes Green Centre, Church Road, Barnes, London SW13 9HE**