

Standing order form



Title:	_____	Address:	_____
Forename:	_____		_____
Surname:	_____		_____
D.O.B	_____		_____
Telephone:	_____		_____
Email:	_____	Postcode	_____

Banker's Order Instruction to your bank/building society to pay by banker's order	
To the manager	Bank Name
Bank Address _____ _____	
Post Code _____	
Exact Name of Account Holder/s	
Branch sort code	Bank/Building Society account number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Instruction to your bank/building society (please allow 1 month before first payment)	
Please pay on the <input type="text"/> <input type="text"/> d <input type="text"/> <input type="text"/> m 20 <input type="text"/> <input type="text"/> y	The sum of £ <input type="text"/>
and on the same day of each succeeding <input type="checkbox"/> month <input type="checkbox"/> quarter <input type="checkbox"/> year <i>(please tick appropriate box)</i>	I hereby confirm that I am over 18 years of age Signature/s: _____ _____
	Date <input type="text"/> <input type="text"/> d <input type="text"/> <input type="text"/> m 20 <input type="text"/> <input type="text"/> y
CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ Sort code: 40 52 40 Account number: 00003358 Account name: Solihull Action through Advocacy	