

BANK STANDING ORDER FORM

Please make the payments detailed below debiting my/our account shown until the last payment has been made or until earlier notice.

Sort Code

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Account Number

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Please pay to:

CAF Bank Ltd	25 Kings Hill Avenue, Kings Hill, W Malling, Kent ME19 4JQ	40-52-40	Women's Counselling Centre	00010462
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And quoting with each payment the reference your reference

On or after ____ day of _____ the sum of _____ pounds and the same sum on the same day annually/quarterly/monthly* until further notice

* Please delete as appropriate

Name and address

Post Code _____

Dated _____

Signature _____