Standing Order Form

Instructions to your bank or building society

Please complete in BLOCK CAPITALS and in black ink

1 Details of the account where payments will come from

Account Name

Account number

Sort Code - -

2 Details of the account where payments will be sent to

Account Name

THE WALLED GARDEN COMMUNITY SHOP & CAFÉ

Name of Bank

THE CO-OPERATIVE BANK

Reference **(please enter your name)**

Account number **6 5 8 4 8 1 2 6**

Sort Code **0 8 - 9 2 - 9 9**

3 Payment details

Regular amount **£10.00**

Date of first Payment D D M M Y Y Y Y

Frequency **Annually**

Please continue payments until cancelled by me/us in writing

Signature

Signature (if joint account)

Date D D M M Y Y Y Y