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 Acco	unt number
Sort	Code
2 Details of the account where payments will be sent to	
	ne of Bank
THE WALLED GARDEN	THE CO-OPERATIVE BANK
COMMUNITY SHOP & CAFÉ	
Reference (please enter your name) Acco	unt 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 F	Payment D D M M Y Y Y
Frequency Annually	
Please continue payments until cancelled by me/us in writing	
Signature	
Signature (if joint account)	
Date	