STANDING ORDER FORM

To My Bank Manager:

|  |  |
| --- | --- |
| **Bank Name** |  |
| **Bank Address** |  |
| **Bank Account Number** |  |
| **Bank Sort Code** |  |

Please Pay:

|  |  |
| --- | --- |
| **Payee Bank Name** |  |
| **Payee Account Name** | Pregnancy Counselling & Care (Scotland) |
| **Payee Sort Code** |  |
| **Payee Account Number** |  |
| **Payment Amount** |  |
| **Payment Frequency** | Monthly |
| **First Payment Date** |  |
| **Please Quote Ref:** |  |

My Details:

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Signature** |  |