Standing Order Instruction Form

Please complete all boxes where indicated with an asterisk * below, using block capitals. (Beneficiary is the person receiving the payment. The reference is the name that will appear on the beneficiary's statement.)

Account Holder's Sort Code* ☐☐ ☐☐ ☐☐   Account Number* ☐☐☐☐☐☐☐☐

Account Name* _____

Contact Telephone Number* _____

| Name of Beneficiary | **J C Fundraising** |

Beneficiary Sort Code | 2 | 0 | 0 | 4 | 5 | 9 |

Beneficiary Account number | 7 | 3 | 9 | 6 | 3 | 8 | 9 | 6 |

Amount _____   Amount in words _____

Date of first payment _____

Amount of subsequent payment if different from first payment _____

Amount of subsequent payment in words _____

Due date and frequency of payments _____

Date of final payment _____   or until further notice ☐

Signed: ……………………………………………….

Date: _____

NB. Please forward to your bankers after completion.