Standing Order Request

To: _____ **Bank**

Address: _____

_____

_____

Post Code: _____

Please pay: **HSBC Bank plc, 74, High Street, Alton, Hampshire, GU34 1EZ**

Sort Code: **40 - 08 - 21**

Beneficiary's Name: **Four Marks Care**

Beneficiary's Account Number: **51535838**

Please Quote Reference: 2010 Appeal

The sum of:

Amount in figures: £ _____ Amount in words _____

Commencing:

Date of first payment: _____ Amount of first payment: _____

And thereafter every:

Due date: _____ Frequency: _____

Until further notice in writing ☐ **(please tick)**

Or until (date of last payment): _____ **and debit my/our account accordingly**

Name of account to be debited: _____

Account Number: _____ **Sort Code:** _____

Your Name: _____

Address: _____

_____

_____

Post Code: _____

Your Signature(s) _____

Date: _____