|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **STANDING ORDER INSTRUCTION**  **Please complete in BLOCK CAPITALS and in BLACK INK.** | | | | | | | | | | | |
| **To:** | | | | | | |  | | | | | | | |
|  | | |  | | | | | | | | | | | |
| Please set up the following Standing Order and debit my/our account accordingly | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | |
| **Account Holder:**  (Name or Names on account) | | | | | | | | **Acc No:** | |  | | | | |
|  | | |  | | | | | | | | | | | |
| **Account Holding Branch:**  (The Branch where the account is held) | | | | | | | | | **Sort Code:** | | |  | | |
|  | | |  | | | | | | | | | | | |
| **PAYEE DETAILS** | | |  | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | |
| Name of Organisation: | | | **THE KETTLE CLUB** | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | |
| Payment Reference  (Your surname and Membership Number | | | | | |  | | | | | | | | |
|  | | |  | | | | | | | | | | | |
| **Sort Code: 60-04-35** | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | |
| Account Number: 11115343 | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | |
| **About the Payment** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | |
| How often are payments to be made | | | | | | | | | | | | | **Annually** | |
|  | | | | | | | | | | | | |  | |
| **Amount Details:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | |
| Date of first payment | |  | | | | Amount | | | | | | | | **£25.00** |
| Note: Please allow at least 5 working days for processing. The payments above will be automatically debited to your account annually from the date above, until countermanded. You have the right to cancel this Standing Order at any time after commencement. | | | | | | | | | | | | | | |
| **CONFIRMATION** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | |
| Signature/s |  | | |  |  | | | | | |  | | | |
|  | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | | | |
| **Now Post or take the completed form to your Bank** | | | | | | | | | | | | | | |