

STANDING ORDER FORM

To the Manager.....(Bank)

at.....

.....(Bank address)

Please pay from my Account Number.....

(AMOUNT) £..... monthly/quarterly/annually

starting on:.....

To: HERTFORDSHIRE ACTION ON DISABILITY

CO-OPERATIVE BANK

SORT CODE 08 92 99 ACCOUNT NO. 65 05 15 44

Name:..... (BLOCK CAPITALS)

Address.....

.....

.....

Signed..... Date.....