

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.....