

**SAVE STRAITON FOR SCOTLAND LIMITED**

**STANDING ORDER FORM**

Please make the payments detailed below and debit my/our account

1. Details of account where payments will come from	
Name of account to be debited	<input type="text"/>
Sort code <input type="text"/> <input type="text"/> <input type="text"/>	Account No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank	<input type="text"/>
Branch address	<input type="text"/>
Postcode	<input type="text"/>

2. Details of account where payments will be sent to	
Save Straiton for Scotland Limited	Santander
Sort code: 09-01-28	
Account No. 39836284	
Ref No to be quoted (if any)	<input type="text"/>

3. Payment Details	
Select amount you wish to donate	£5 <input type="checkbox"/> £10 <input type="checkbox"/> £15 <input type="checkbox"/> £20 <input type="checkbox"/> £ <input type="text"/>
Amount (in words)	<input type="text"/>
Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other _____
Date of payments in month/week (eg 21 <sup>st</sup> or Tuesday)	<input type="text"/>
Date of first payment	<input type="text"/>
Special instructions (if any)	<input type="text"/>
Payments are to continue until further notice or number of payments	<input type="text"/>

This instruction cancels any previous order in favour of the Payee named above under this reference.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

When complete please post or hand in to your Bank.