

STANDING ORDER



SECTION 1: YOUR DETAILS

YOUR NAME/S:

YOUR ADDRESS:

E-MAIL ADDRESS:

YOUR TELEPHONE

NAME OF ACCOUNT HOLDER/S / COMPANY:

BRANCH TELEPHONE

BANK NAME / BRANCH ADDRESS:

SORT CODE: _____

ACCOUNT NUMBER: _____

SECTION 2: STANDING ORDER DETAILS

RECIPIENT: Samye Foundation Wales

BANK NAME: CO-OPERATIVE BANK PLC

OUR SORT CODE – 08-92-99

OUR ACCOUNT NUMBER – 65216868

FIRST PAYMENT DATE _____

TO BE PAID UNTIL FURTHER NOTICE
REFERENCE: _____

(e.g. INITIALS/COURSE REF)

Regular Payment amount: £ _____

Start Date _____

End Date: _____

Or tick: UFN _____ (Until further Notice)

SECTION 3: YOUR AGREEMENT WITH US

I authorise you to debit my/our account, in accordance with the details in section 2. The request is addressed to the bank which holds my/our account:

Your Signature/s: _____ Date: _____