

Kingston Mencap Standing Order Form



1 Standing Order Details

Please write clearly in the white spaces, with capital letters or a tick.

Amount in figures

Amount in words

How often do you want the payment made?

- Monthly ()
- Half yearly ()
- Yearly ()

Recipient's Name

Recipient's bank

Recipient's branch

Recipient's sort code

Recipient's account number

Your name (as the payer)

Reference

Your sort code

Your account number

First payment date

Your bank's name and address

Your name and address

2 Your authorisation

I/we authorise you to debit my/our account, in accordance with the details in Section 1

Your signature(s)

Date

Date



Please return this form to: Kingston Mencap, The Searchlight Community Centre, Kingston Road, New Malden KT3 3RX