

WEST SCOTLAND DEAF CHILDREN'S SOCIETY

STANDING ORDER FORM

To: Bank Sort Code:

Postal Address:

Please pay the under noted Standing Order with effect from ___/___/___

Signature _____ Date ___/___/___

Please Pay the Following: (Payment details)

Amount	£	In Words	
Commencing		Due Date And Frequency	
		Monthly/Annually	

To be debited from my account: (Remitters Retails)

Account Number	
Name(s)	

Please pay the Standing Order to: (Beneficiary Details)

To be completed by WSDCS

Bank		Sort Code	
Branch Address			
Account Name		Account Number	