

I/ we acknowledge the bank will not undertake to :

Advise payers address to the beneficiary

Request beneficiaries banker to advise beneficiary of receipt

Advise beneficiary of inability to pay

2)

3)

4)

New Standing Order Instruction

Please complete this form in BLOCK CAP	ITALS and in black ink , a	nd then send to your Bank	
То		Bank	
Please set up the following Standing Orde	r and debit my/our accour	nt accordingly	
1. Account details			
Account name		Account number	
Account holding branch		Sort code	
2. Payee details		Courth Mastern On hith	almala siaal Caaiste
Name of person or organisation you are paying		South Western Ophthalmological Society	
Payment reference (your full name and title please) this will appear on our bank statement			
Sort code - the bank code of the person or organisation you are paying		52-10-03	
Account number - the account number of to or organisation you wish to pay	the person	66836697	
3. About the payment			
How often are the payments Weekly to be made Quarterly	Two weekly Half yearly	Four weekly Yearly	Monthly
Amount details Date and amount of first payment (please allow 3 working days for receipt)		£ 20.00	
Date and amount of ongoing payments (If different from the first payment)		£	
Choose one of the following two options			
1. Date and amount of final payment		£	
2. Until further notice	(payments will be m	nade until you cancel this instru	action)
4. Confirmation			
Customer signature(s)			
Date Confirmation			