



Standing Order

(Please use capital letters)

Title _____ First Name _____

Surname _____

Address _____

_____ Post Code _____

Email _____ Contact Number _____

Bank Details

Bank Name _____

Bank Address _____

_____ Post Code _____

Account Name _____ Sort Code _____

Please Pay CfSWP

The amount of £ _____ yearly starting on:

Date: ____/____/____ and each year thereafter until further notice.

Please debit my above account and pay the above amount to:

The Co-operative Bank.

Sort Code: 08-92-99 Account Number: 65435487

Print Name _____

Signature _____