New standing order

Please write clearly in ${\bf black}$ ink in the white spaces with capital letters or cross the boxes.

All sections must be completed.

1 Your details	
Your full name or name of business	Sort code (being debited) Account number (being debited)
Your contact telephone number	Branch name
2 Details of your standing order	
Does this instruction replace any existing standing order Yes No or direct debit instructions?	Payment reference (if applicable)
If yes please give details in special instructions below and arrange to cancel them. Recipient's name DREGHORNESPRING PARISH CHURCH Recipient's bank and branch name BANK OF SCOTLAND IRVINE Recipient's sort code (6 digits) Recipient's account number (8 digits) 8 0 0 8 4 2 00 3 2 5 1 9 4 How often do you want the payment made? Weekly 4 weekly Monthly Quarterly Half yearly Yearly Please give details of any special instructions	First payment amount (if different to usual payment) E First payment date Usual payment amount E Usual payment amount in words Final payment amount (if different to usual payment). This must have a final payment date E Final payment date (if applicable) Until further notice OR
3 Your agreement with us	
I authorise you to debit my/our account, in accordance with the details in Section 2. This request is addressed to the bank which holds my/our account.	Your signature(s)
	Date
	Branch stamp