****

**STANDING ORDER FORM**

(Please fill in all the fields left blank)

**To**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank (Details of Your Bank)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please pay:-** Chelmsford Foodbank

HSBC Bank PLC.

99 High Street, Chelmsford, Essex. CM1 1EQ

Sort Code 40-17-08

Account Number 52285835

The sum of £\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Amount in words)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of First Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

and thereafter on the \_\_\_\_\_\_\_\_\_ of each month until further notice

DEBIT ACCOUNT DETAILS

Name of account to be debited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sort-code of account to be debited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account No. of account to be debited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When completed please send to your bank for them to follow the instructions.