



STANDING ORDER FORM

Please complete the form and return it to:

South Wing, Council Offices, Trinity Road, Cirencester, Gloucestershire. GL7 1PX

Your Name or company: _____

Address: _____

Postcode: _____

Telephone: _____

Your bank's name and address:

Bank: _____

Address: _____

Postcode: _____

Your account name: _____

Your branch sort code: _____

Your account number: _____

Instructions to your bank: Please pay 'Cotswold Counselling' the sum of

£ _____ Amount in words: _____

Every month / year (please delete as appropriate) starting on _____ (date) until further notice to:

Account Name: Cotswold Counselling

Address: CAF Bank Ltd., 25 Kings Hill Avenue, Kings Hill, West Malling, Kent. ME19 4JQ

Sort Code: 40-52-40

Account Number: 00016133

Signature: _____

Name: _____

Date: _____