

Regular Payments Form

Customer Account Details:

| | |
|---------------|-----------------|
| Account Name: | Sort Code : |
| | Account Number: |

Set up a new Standing Order

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|--|---|
| <u>Beneficiary Details: (Who do you want to pay?)</u> | |
| Sort Code: 20-58-17 | Beneficiary Name: Northumberland County Blind Association |
| Account Number: 90689041 | Reference: Charitable Donation |
| <u>Payment Details</u> | |
| Amount of First Payment: £ | Date of First Payment: |
| Amount of Usual Payment: £ | Date of Usual Payment: |
| | Date of Last Payment: Or please continue payment until further notice: Yes / No (please circle) |
| Frequency of Payment: Monthly / Annually (please circle) | |

Customer Signature (s) -----

Date -----

Please hand this form to your Bank / Building Society