

Regular Payments Form

Set up a new Standing Order

Customer Account Details:

Account Name:	Sort Code :
	Account Number:

Beneficiary Details:

Beneficiary Name: Northumberland County Blind Association	
Sort Code: 77-20-37 Account Number: 03625260	
Reference: Charitable Donation	
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