Standing Order Form



To:			
(Your Bank of Buildi	ng Society)		
Address:			
		Post cod	le:
Your account no:		Sort cod	e:
Please pay to:			
Bank:	CAF Bank		
Account no:			
Sort code:	40 – 52 – 40		
Amount in figures:	£		
And please confirm			
Amount in words:			
Commencing on (da	te of first payment): _		
And thereafter every	′		
Due day and frequer	ncy: Day (numbei	r):	<u></u>
	Frequency:	Month / quarter / year *	* Delete as applicable
Until further notice / until (date)		*	* Delete as applicable
Pl	ease note that this rep	places any previous standing orde	er declarations
Full name:			
Address:			
Signed:	aned:		