

New Standing Order Instruction

Please complete this form in BLOCK CAF	PITALS and in black ink		
To Manager RBS Chesterfield Branch, 2	Stephenson Place, Chester	field, S40 1XL _{Bank}	
Please set up the following Standing Orde	er and debit my/our account	accordingly	
1. Account details			
Account name		Account number	
Account holding branch		Sort code	
2. Payee details			
Name of person or organisation you are paying		Pet Samaritans	
Payment reference (if known) - this will appear on the bank statement of the person or organisation you wish to pay		Donations	
Sort code - the bank code of the person or organisation you are paying		161618	
Account number - the account number of or organisation you wish to pay (Eight digits - if less place zeros at the from	•	10279838	
3. About the payment			
How often are the payments Weekly to be made Quarterly	Two weekly Half yearly	Four weekly Yearly	Monthly
Amount details Date and amount of first payment (please allow 3 working days for receipt)		£ , .	
Date and amount of ongoing payments (If different from the first payment)		£ , .	
Choose one of the following two options			
1. Date and amount of final payment		£ , .	
2. Until further notice	(payments will be made	de until you cancel this instruction)	ı
4. Confirmation			
Customer signature(s)			
Date			

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