**STANDING ORDER FORM**

|  |  |  |
| --- | --- | --- |
| To the Manager |  |  |
|  |
|  |
|  |
|  |  |  |
| I/we hereby authorise and request you to debit my/our |
| Account Name\* |  |
| Account Details |  |
| Sort Code | Account Number | Amount | Frequency |
|  |  | € | Monthly |
| Beginning Date | End Date | Number of Payments |
|  |  |  |
| And Credit |  |  |
| PRCDTR - JERSEY |
| Sort Code | Account Number |  |
| 30-93-04 | 00880559 |
| Quoting Reference |  |  |
|  | (Your Name) |
| Signed  |  |  |
|  |  |
| Block Capitals |
|  |

\*Please ensure that the actual name on/of the account is included in this box so that we can accurately match your payment to our records.