

**STANDING ORDER FORM**

**To My Bank Manager:**

|  |  |
| --- | --- |
| **Bank Name** |  |
| **Bank Address** |  |
| **Bank Account Number** |  |
| **Bank Sort Code** |  |

**Please Pay:**

|  |  |
| --- | --- |
| **Payee Bank Name** | HSBC, Fulham Broadway Branch |
| **Payee Account Name** | The Friends of Chelsea and Westminster Hospital |
| **Payee Sort Code** | 40-02-10 |
| **Payee Account Number** | 21082183 |
| **Payment Amount** |  |
| **Payment Frequency** |  |
| **First Payment Date** |  |
| **Please Quote Ref** |  |

**My Details:**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Signature** |  |