

The Therapy Room

Standing Order Form



To: (Your bank)

Bank Name	Branch Address
Branch	
Account Numbe	
Sort Code	
Account Name	Post Code

Amount of Payment: £.....

Amount of Payment *in words*.....

First Payment to be made on (date).....

Frequency of Payments: **MONTHLY** thereafter until further notice.

Important - Please use your name (below) as reference against this payment:

(Client's full first and surname).....

Pay to Bank: Santander
Address: Bootle, Merseyside, L30 4GB
Account Number: 04701038
Sort Code: 09-01-50
Account Name: The Old Rectory Guesthouse

Signature	Print Name
	Date: