

**TEENS UNITE STANDING ORDER FORM**

|  |  |  |  |  |  |  |  |  |
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| **To the Manager** | |  |  | | | | | |
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|  | |  |  | | | | | |
| **I/we hereby authorise and request you to debit my/our** | | | | | | | | |
| **Account Name** |  | | | | | | | |
| **Account Details** | | | | | | |  | |
| **Sort Code** | | **Account Number** | | **Amount** | | | | **Frequency** |
|  | |  | | £ | | | | Monthly/Annually |
| **Beginning Date** | | **End Date** | **Number of Payments** | | | | | |
|  | |  |  | | | | | |
| **And Credit** | |  |  | | | | | |
| **Teens unite Fighting Cancer** | | | | | | | | |
| **Sort Code** | | **Account Number** |  | | | | | |
| 20-74-09 | | 73848671 | | | | | | |
|  | |  | | | |  | | |
| **Quoting Reference** | | | | | | **Your Name** | | |
|  | |  | | | |  | | |
| **Signature:** | | | | | **Date:** | | | |
|  | | | | | | | | |
| **Your Name & Address (Capitals, please)** | | | | | | | | |