

STANDING ORDER FORM

To My Bank Manager:

Bank Name	
Bank Address	
Bank Account Number	
Bank Sort Code	

Please Pay:

Payee Bank Name	CAF Bank
Payee Account Name	Chippenham CAP Centre
Payee Sort Code	40-52-40
Payee Account Number	00034043
Payment Amount	£
Payment Frequency	Monthly / Quarterly / Annually
First Payment Date	
Please Quote Ref:	

My Details:

Name	
Address	
Signature	