| Team | egular Standing Order Form |
|------------------------------------|---|
| address at the | te this form in CAPITALS using black ink and return it to the bottom of the page. Upon receipt the original will be sent to your behalf and we will keep a copy on file. |
| Full name: | |
| Address: | |
| | Post code: |
| | |
| Your Bank name: | |
| Bank's address: ——— | |
| | Post code: |
| Your account number: | Your bank's sort code::: |
| Lawrence Home Nursing Tea | of 15 High Street, Chipping Norton for the account of am Ltd (account no. 23142930 , sort code: 20-03-84): |
| | |
| | |
| On the day of | (month) (year) |
| And a like sum each year / quar | ter / month* until further notice. |
| | |
| | Signature: |
| | Signature: Print name: |
| PLEASE NOTE THA | |
| PLEASE NOTE THA Please post to: | Print name: |
| Please post to: | Print name: |
| Please post to: | Print name: T THIS REPLACES ANY PREVIOUS STANDING ORDER FORMS. Lawrence Home Nursing Team Ltd P.O. Box 286, Chipping Norton, Oxfordshire OX7 9EJ |
| | Print name: T THIS REPLACES ANY PREVIOUS STANDING ORDER FORMS. Lawrence Home Nursing Team Ltd P.O. Box 286, Chipping Norton, Oxfordshire OX7 9EJ Thank you. Lawrence Home Nursing Team will only use these deta |