



## Regular Standing Order Form

Please complete this form in CAPITALS using black ink and return it to the address at the bottom of the page. Upon receipt the original will be sent to your bank on 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: \_\_\_\_ : \_\_\_\_ : \_\_\_\_

Please pay to Barclays Bank plc of 15 High Street, Chipping Norton for the account of Lawrence Home Nursing Team (account no. 40712442, sort code: 20-03-84):

The sum of (in figures): £ \_\_\_\_\_

The sum of (in words) : \_\_\_\_\_

\_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year)

And a like sum each year / quarter / month\* until further notice.

*\*delete as appropriate*

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

PLEASE NOTE THAT THIS REPLACES ANY PREVIOUS STANDING ORDER FORMS.

Please post to:

**Lawrence Home Nursing Team**, Care of the Treasurer,  
Chipping Norton Hospital, Russell Way, London Road,  
Chipping Norton, OX7 5FA.