

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 Ltd (account no. 23142930, 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.

Signature: _____

Print name: _____

PLEASE NOTE THAT THIS REPLACES ANY PREVIOUS STANDING ORDER FORMS.

Please post to:

Registered address: Chipping Norton Hospital, Russell Way,
London Road, Chipping Norton, Oxfordshire OX7 5FA.

Thank you. Lawrence Home Nursing Team will only use these details to contact you and for no other purpose.