

Standing order for Lyme Disease Action

Name	<input type="text"/>		
Address 1	<input type="text"/>		
Address 2	<input type="text"/>		
Address 3	<input type="text"/>	Postcode	<input type="text"/>

To the Manager	<input type="text"/>		
Bank/Building Society	<input type="text"/>		
Branch Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

Name of Account holder(s)	<input type="text"/>		
Account Number	<input type="text"/>		
Bank sort code	<input type="text"/>		

Please arrange to debit my/our account with the sum of
On day of each month until further notice, starting on the (dd/mm/yy)
Please note this form replaces any previous standing order for Lyme Disease Action.

Please pay to:
CAF BANK Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ
Account : Lyme Disease Action, Account Number: 00014002, Sort code: 40 - 52 - 40

Signature(s)	<input type="text"/>
Date	<input type="text"/>

Please send this form to :

Lyme Disease Action
P.O.Box 235
Penryn
Cornwall
TR10 8WZ

For office use only CAF BANK Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling(40-52-40) for the credit of Lyme Disease Action, a/c no 00014002 Bank Reference number
