

C.A.P.A.A.S.

Children and Parents Asperger Autistic Support

Regular Payment Standing Order Form.

Standing Order Instruction.

Please complete in BLOCK CAPITALS and black ink.

Your Full Name: _____

Your Address: _____

Your Bank:-

Branch Name: _____

Branch Address _____

Branch Sort Code _____

Bank Account Number: _____

Date: _____

To The Bank Manager,

Please make the following payments:-

Amount of first payment £ _____ Date of First Payment _____

Amount of usual payment £ _____ Date of Last Payment _____

Frequency of Payment _____ Date of Last Payment _____
(Weekly/Monthly/Annually)

Or please continue until further notice

From my account (named above) by standing order to the account of C.A.P.A.A.S. (Children and Asperger Autistic Support) :-

Receiving Bank Name: **Barclays Bank PLC, High Street, Grantham.**

Receiving bank sort code: **20-34-60**

Receiving Account number: **40310271**

Signed:

Please keep a copy of this form for your records