

## **Standing Order Setup Form**

| To the Manager of (Bank Name)   |
|---|
| Branch Address  |
|   |
| I / We hereby authorise and request you to debit my / our account as follows:   |
| (Details of the account from which payments will be made)   |
| Account Name(s)   |
| IBAN  |
|   |
| <b>BIC</b> (optional from 01/02/2016)   |
| Please credit the Beneficiary / Receiver account as follows:  (Details of the account to which payments will be made)   |
| Account Name Midlands Simon Community   |
| IBAN  |
|   |
| *Beneficiary / Receiver Reference (will appear on the Beneficiary / Receiver Statement)   |
| Start Date (cannot be historic)  Frequency (please tick) Weekly  Fortnightly  Monthly  Quarterly  Annually  Number of Payments (if non applicable please insert NA)  Amount |
| <b>1.</b> Signature: Date:  |
| <b>2.</b> Signature: Date:  |

Please contact Midlands Simon Community on 090 6444641 to receive our bank details.

Once these are received this form can then be returned to your local bank branch.