

# STANDING ORDER FORM

To the Manager


I/we hereby authorise and request you to debit my/our

Account Name*	
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Account Details

Sort Code                      Account Number    Amount      Frequency

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Beginning Date                      End Date    Number of Payments

For part year only _____	Once only from joining date _____	1 @ £
1 <sup>st</sup> March 20/ _____	Until further notice in writing	£

And Credit

SWINDON & CRICKLADE RAILWAY      Lloyds Bank, Old Town, Swindon, SN1 3EN
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Sort Code                      Account Number

30-98-41	03629644
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Quoting Reference

	(Your Name)
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Signed

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Block Capitals

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\*Please ensure that the actual name on/of the account is included in this box so that we can accurately match your payment to our records.