Penllergare

# STANDING ORDER FORM

**INSTRUCTION TO BANK**
**To:** (name and address of your bank)

Postcode

**Account No.**
**Sort Code**
**Account Name**

I hereby request and authorise you to pay to :

CAF BANK
25, Kings Hill Avenue
Kings Hill
West Malling
Kent
ME19 4JQ

**Account** Ymddiriedolaeth Penllergare – The Penllergare Trust

**Sort Code** 40 – 52 – 40 **Account No.** 00022082

**Payment Details**

Payment amount £----------

Payment Start Date (dd/mm/yyyy) ----/----/--------

Frequency of Payments monthly/quarterly/half yearly/annually ----------

And thereafter, to debit my account with your bank by the same amount until further notice.

**Signature**

**Date**

**Full Name**

**Address**

**Postcode**

The Trust complies with the data Protection Act 1998 and does not divulge information to unauthorised parties