Standing Order Form

Please complete this form and send it to your bank.





Bank Name and Address

To:			Bank					
Address:			• • • • • • • • • • • • • • • • • • • •					
				Po	ostcode:			
Please pay to At			Sunderland Foodbank CAF Bank Ltd. 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ					
Account Name: Sort Code: Account Number:		Sund 40-52 0003	2-40	oodbank ·	- DCP			
The sum of	£		on	1	/20	(start date)		
And then or until further			each mo	nth / qua	rter / year	(delete as appropri	iate)	
Please cand Christian Pa					andate pay	able to Durham		
Name of Ac	t to Debit:							
	ort Code:			_				
Ac	Number:							
Signature(s):							
Date:		1	/ 20					