

# STANDING ORDER AUTHORITY

To ..... Bank Limited

Address . .....  
 .....

Please pay

for the credit of

the sum of

Branch & Branch Title	Sort Code Number
Lloyds TSB Bank plc, Islington	30 - 94 - 57
Beneficiary's Name	Account Number
	00616172
Amount of Figures	Amount of Figures

commencing

Date of first payment

and thereafter every month until you receive further notice from me / us in writing and debit my / our account accordingly

PLEASE CANCEL ANY PREVIOUS STANDING ORDER IN FAVOUR OF THE BENEFICIARY NAMED ABOVE

Account to be debited	Account Number

Signature(s) .....

Date .....