York Rescue Boat

STANDING ORDER / SINGLE PAYMENT FORM

To the Manager (your bank)

address:	

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

Account Name*

Account Details

Sort Code	Account Number		Amount	Frequency (e.g. Monthly)
			£	
Beginning Date	End Date	Number o	f Payments	

And Credit

York Rescue Boat, 1-3	3 Parliament Street, York YO1	8SE

Sort Code	Account Number
20-99-56	80099899

Quoting Reference (Your Name)

Signed

Date

Block Capitals (Full Name)

*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.