

Standing Order Form

То:		(bank name)
		(bank address)
I request and authorise yo	ou to make the following payments from my	account:
Name of Account:	(your a	iccount name)
Account Number:	(your a	account number)
Amount: (amount to pay)	
First payment due on:	(date of t	first payment)
Subsequent payments to as applicable) until further	be made on the same date each month/quant notice.	arter/year (delete
At Bank Sort Code	Avery Hill Charitable Trust Santander business 09-06-66 41081029	
Please quote Bexley Food	dbank as the reference on payments.	
Signed:	(your signature)	
Date:	(today's date)	
	ion and send it to Avery Hill Charitable Trus oad, Sidcup, Kent DA15 7HL or hand it to P	
Name:		
Address:		
	Bank Standing Order mandate in favour of um of £ monthly/quarterly/ye	

Avery Hill Charitable Trust is committed to protecting your privacy and will process your personal data in accordance with current Data Protection legislation. Avery Hill Charitable Trust collects information to keep in touch with you and supply you with information relating to the Bexley Foodbank. Avery Hill Charitable Trust will never sell or pass your details to anyone who isn't directly working on our behalf.

Registered Charity number 1103393. Company limited by guarantee. Registered in England number 5039769.