

Standing Order Form

Date: ____/____/_____

From: Name _____

Address _____

Name of Your Bank: _____

Address of Your Bank: _____

Please arrange to make the following payment from

Account in the name of: _____

Account No: _____; sort code: _____

Amount: £ _____

Payment to be made: annually / monthly / other _____

Payment Date: ____/____/_____

To the account of: Dog Assistance in Disability

CAF Bank Ltd
25 Kings Hill Avenue
Kings Hill
West Mailing
Kent
ME19 4JQ

sort code: 405240

account number 00018390

These payments are to continue until further notice.

Yours faithfully

(Signed in accordance with the bank mandate)