

STANDING ORDER FORM

STANDING ORDER AUTHORITY

To The Manager *Please give name & full postal address of paying bank*

Please pay

for the credit of

†the sum of

commencing

and thereafter every

until

(Delete whichever does not apply)

quoting the reference

and debit my/our account, as detailed below. Please cancel any previous Standing Order or Direct Debit in favour of the beneficiary named above quoting this reference.

Special instructions

Payment to be made from

Signature

Second signature (if required)

Triodos Bank	Sort Code: 16-58-10
<i>Beneficiary's name</i>	ARCHBISHOP ROWAN WILLIAMS HERMITAGE TRUST
<i>Beneficiary's account number</i>	2 0 0 9 8 3 2 4
<i>Amount in figures</i>	£
<i>Amount in words</i>	
<i>Date of first payment</i>	
<i>Due date and frequency</i>	
• <i>Either: date</i>	
• <i>OR: You receive further notice from me/us in writing</i>	
<i>Amount of last payment</i>	£
<i>(If applicable)</i>	

<i>(eg amount of first payment if different)</i>	
<i>Sort Code</i>	
<i>Account holders name</i>	
<i>Account number</i>	
	Date
	Date

†If the amount of the payments varies please list overleaf.

Please note: The Bank will not undertake to:

- a) Make any reference to Value Added Tax or other indeterminate element*
- b) Advise payers address to beneficiary*
- c) Advise beneficiary of inability to pay*

AFTER COMPLETION, PLEASE SEND THIS FORM TO THE BANK OR BUILDING SOCIETY WHICH WILL PAY THE STANDING ORDER.