

Standing Order Form

Instructions to your bank or building society



To: The Manager

Your Bank Name:

Address:

Postcode:

1 Details of the account where payments will come from

Account Name

Account Number

Sort Code

2 To be paid to

Doncaster Rape & Sexual Abuse Counselling Service

Yorkshire Bank

Account Number: 24043746

Sort Code: 05-04-14

3 Payment details

Regular amount (in figures)

£2 £5 £10 Other £

Date of first payment

and thereafter until further notice tick box

Or

number of payments

Frequency

Choose 1 option by ticking one of the boxes.

Monthly

Quarterly

Annually

4 Signature

Signature

Date

Signature (if 2 signatures required for account)

Date

Your Details

Name:

Address:

Email:

and/or

/ Tel:

Thank you for your support. Please return this form to: DRASACS, PO Box 470, Doncaster, DN1 3XW