



## STANDING ORDER INSTRUCTIONS

Your Bank Name:

Account to be debited (your account details)

Sort Code:

Account Number:

Name on Account:

Your Home Address:

## BENEFICIARY DETAILS GRAYS ATHLETIC FOOTBALL CLUB CO-OP BANK

Sort Code:

Account Number

## PAYMENT DETAILS

Amount of first payment

£

Date of first payment

Amount of usual payment

£

Date of usual payment

1<sup>st</sup> of each month

Amount of usual payment in words

Please pay this until further notice

YES

NO

Please sign

Date