

STANDING ORDER INSTRUCTION

To:																									
Bank Name:																									
Branch address:																									
	Postcode:																								
Please set up the following	g St	and	ing	Ord	er a	nd (deb	it n	ıy/c	our	aco	col	ınt	ac	cor	din	gly	,							
Account to be debited:																									
Account Number:																									
Sort Code:																									
Name of account-holder(s):																									
Payee Details																									
Account Number:	5	5	7	5	8	2	6	8																	
l	\vdash	Ш			_	_																			
Sort Code:	3	0	9	0	8	9																			
Bank:	LL	OYE	OS E	BAN	K PI	LC																			
Branch address:	LONDON																								
Account Name:	The Spectacle Makers' Charity																								
Payment ref*:																									
(Please add a payment referen	ice o	f you	ır fi	rst ir	nitia	l & s	urna	ıme	e.g.	. JSA	ΝΙΤΙ	H s	o w	e co	ın id	lent	ify	you	and	d th	ank	you	prop	erl	y)
Payment Details																									
Amount of payment	£			.0	0	(in	wo	rds)	: [. F	POL	JND	S					
Date of first payment:																									
and thereafter monthly*/qua	rterl	y*/a	nnu	ally*	unt	il fur	the	r no	tice)			(,	*ple	eas	e de	elet	te a	s aļ	opr	opria	ate)			
Confirmation																									
Customer Signature(s):																									
Gustomer eignature(e).																									
											Ļ														
Date:									D	ate:															
Contact Number in case of o	quer	y:																							

PLEASE POST THE SIGNED FORM TO YOUR OWN BANK.