



Please complete this form in BLOCK CAPITALS

To _____ Bank Sort Code

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Branch

(Full address)

A Customer Details

Account Name _____ Account Number

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Tel No - Work _____ Tel No - Home _____

Please set up the following Standing Order and debit my/our account accordingly

B Person/Organisation you wish to pay

Name of Person/Organisation		COMMSAVE CREDIT UNION LIMITED													
Bank and Branch Name		CO-OPERATIVE BANK - 65 ABINGTON STREET, NORTHAMPTON, NN1 2BH													
Account Number	7	0	0	1	4	0	6	8	Sort Code	0	8	9	0	7	3
Reference to be quoted (if any)		CU													

C About this Payment

Amount Details (if the amount of the periodic payments vary they should be incorporated in a schedule overleaf)

Amount of first payment (if different) £	N/A	Amount of normal payment £
Amount of normal payment in words		
Amount of final payment (if different) £	N/A	

When Paid

Day or date of payments (eg Friday, 1st,30th)	Frequency (eg weekly,monthly,yearly)
Commencing	Now / / /
Total number of payments	or Expiry date / / or Until further notice <input checked="" type="checkbox"/>
Special Instructions	

D Confirmation

- I/We acknowledge the Bank will not undertake to:
- (i) make any reference to Value Added Tax, or other indeterminate element
 - (ii) advise payers address to beneficiary
 - (iii) advise beneficiary of inability to pay
 - (iv) request beneficiary's banker to advise beneficiary of receipt

Bank Use Only	
Keyed by	(Initials)
<div style="border: 1px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>	
Date	_____

Customer(s) Signature(s) _____

Date _____

Served by _____ at _____ Branch

ITS No _____ External No _____