

Standing Order Form

Donor Name: _____

Address: _____

_____ Post Code: _____

Sort Code: _____ Account Number: _____

To the Manager:

Bank Name: _____

Address: _____

_____ Post Code: _____

Please pay HealthLink360, Bank of Scotland, 10 Market Square,
Duns, TD11 3ED

Sort Code: 801351, Account Number: 06001438

Sum of £ _____ Commencing date: _____

And thereafter * monthly/quarterly/annually

* delete as applicable

Signed: _____ Date: _____

Please send this form to your bank or send it to HealthLink360.
