

## 1. STANDING ORDER AUTHORITY

MY COMPANY DETAILS \_\_\_\_\_

NAME \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_

BANK BRANCH NAME \_\_\_\_\_

SORT CODE \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

BANK DETAILS \_\_\_\_\_

## 2. STANDING ORDER DETAILS

**PLEASE PAY:** Lloyds TSB, High Street, Gillingham, Dorset SP8

For the credit of Gillingham (Dorset) Chamber of Commerce

SORT CODE: 30-93-45

ACCOUNT NO: 00211827

FIRST PAYMENT AMOUNT £35

FIRST PAYMENT DATE 1st January 2016  
thereafter annually 1st January debiting your account accordingly.

## 3. AGREEMENT

I authorise you to debit my account in accordance with the details in section 2.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

This Authority cancels any previous order in favour of the 'Gillingham (Dorset) Chamber of Commerce'.

Please return this form to the address below:

THE TREASURER  
JACLYN,  
PEACEMARSH,  
GILLINGHAM.  
DORSET, SP8 4EU