**Standing Order** [Please send or hand in this this form to your bank]

**To the Manager:**

Bank

Address

 Postcode

Please pay to **Metro Bank, Unit 1-2 St. Ann’s Centre, Harrow HA1 1AS (Sort Code: 23-05-80)**

for the credit of**: Bereavement Care (Account Number: 43231545)** the sum of:

£ Monthly Quarterly Annually

Amount in words:

 / /

Starting on: and continuing until I give written notice.

This Standing Order is to replace, from the date of the first payment shown above, any existing Standing Order to Bereavement Care.

Please debit my account:

Name of account holder

Sort Code Account Number

Name(s)

Address

 Postcode

Signed Date

 *(If payment is being requested from a JOINT account, both parties may be required to sign)*

Signed Date

When making each payment, please quote my name as printed above as the payment reference.

[Please **DO NOT** return this form to Bereavement Care, but send or hand in this this form to your bank]