



NIGHTINGALE HOUSE HOSPICE

STANDING ORDER AUTHORITY

*MR/MRS/MISS/MS
(*Delete as necessary)

ADDRESS
.....
.....
POSTCODE TELEPHONE

PLEASE COMPLETE THIS SECTION WITH DETAILS OF YOUR OWN BANK

BANK DETAILS BANK
ADDRESS
.....
.....
POSTCODE

PLEASE COMPLETE THIS SECTION WITH DETAILS OF YOUR BANK ACCOUNT

ACCOUNT NAME (e.g. Mr J & Mrs C Smith)

SORT CODE ACCOUNT NUMBER

SIGNATURE(S)

DATE OF SIGNATURE START DATE

PLEASE PAY **BARCLAYS, Barclays, 50 Hope Street, Wrexham, LL11 1BE**

SORT CODE **20-25-69** ACCOUNT NUMBER **83749940**

THE SUM OF £

TO BE PAID * MONTHLY / QUARTERLY / ANNUALLY UNTIL FURTHER NOTICE FROM
ME/US IN WRITING AND DEBIT MY/OUR ACCOUNT ACCORDINGLY.

PLEASE RETURN YOUR COMPLETED FORM TO
INCOME GENERATION DEPARTMENT,
NIGHTINGALE HOUSE HOSPICE, CHESTER ROAD, WREXHAM, LL11 2SJ