

# Standing Order Form

Instructions for your bank or building society

**IMPORTANT:**

Please fill in all the details below in BLOCK CAPITALS, remembering to sign and date at the bottom. Once the form is complete, please either:

- (a) hand it to a PCN trustee, or
- (b) send to the Pregnancy Centres Network, Bradbury House, Durngate Place, Winchester, Hants, SO23 8DX.

Please also complete a Gift Aid Declaration form (included in this pack) and hand/send it to PCN.  
Any questions please contact us at [admin@pregnancycentresnetwork.org.uk](mailto:admin@pregnancycentresnetwork.org.uk).

(Details of account where payments will come from - Enter your bank name and address)

To: ..... Bank Plc  
.....

**Your Details**

Account Name: .....

Branch Name: .....

Sort Code: 

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Account number: 

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**Standing Order Details**

Recipient's Name: **Pregnancy Centres Network**  
Recipient's Bank: **CAF Bank Ltd,  
25 Kings Hill Ave,  
West Malling, Kent, ME19 4JQ**

Recipient's Sort code: **40-52-40**  
Recipient's Acc number: **00027000**

Frequency of payment: (please tick and complete as appropriate)

- Monthly, on the ..... (date or day eg. first Monday) of each month.
- Weekly, on ..... (day) of each week.

First payment date: ..... / ..... / 20....., and thereafter until further notice.

Payment amount: £.....

Payment amount (in words): .....

Payment Reference: .....**PCN+**.....  
(please add your surname)

I authorise you to debit my account, in accordance with the above details:

Signature: ..... Date: .....