

STANDING ORDER FORM

Title _____ First Name _____ Last Name _____

Home address _____

Postcode _____ Telephone/Email _____

Instruction to your Bank or Building Society to pay by Standing Order

To The Manager at _____ (Bank/Building Society)

Branch address:

_____ Postcode _____

Please pay Integrated Neurological Services £_____ per month/year commencing on the

(day) (month) (year) until further notice.
(allow 4 weeks for processing the form before the start date)

Account No. Branch sort code: --

Signature _____ Date //

Payable to: CAF Bank Ltd., Kent, ME19 4JQ
Sort Code: 40-52-40
for the credit of Integrated Neurological Services.
A/C No. 00009630.

**Please return completed form to:
Fundraising, INS, 82 Hampton Road, Twickenham TW2 5QS**

Tel 020 8755 4000. www.ins.org.uk.

Registered charity no 1107273