



Standing Order Form

Iris Cancer Partnership

Charity number SC041853

Your bank details:

The Manager

Bank Name _____

Address _____

Postcode _____

Please pay the sum of £ _____ (*figures*) _____ (*words*) per
month/quarter/annum (*select as appropriate*), commencing on __ / __ / 20__ (*insert date*),
and continuing until further notice, from

Account number _____

Sort code _____

To Iris Cancer Partnership

Bank Name TSB, Corstorphine

Account number 71943660

Sort Code 87-70-15

Your details:

Name _____

Home address _____

Postcode _____

Date _____

Signature _____