



President: Mayor of Test Valley Borough

## New Standing Order

## Test Valley Brass Subscriptions

1. Your Details	
Full Name	Your Account details Sort Code (6 Digits) Account No. (8Digits)
Your Telephone Number	Your Branch Name
2. Details of your Standing Order	
Please Pay Recipients Name  TEST VALLEY BRASS	Payment Reference (Your Surname) YB..... First Payment Amount (if different to usual) £
Recipients Bank and Branch Name  NATWEST 22 Chantry Way Andover, Hants SP10 1LL	First Payment Date
Recipients Account Details  Sort Code        60 01 17 Account Number 68007388	Usual Payment Amount £
How Often do you want the payment made (x)  Weekly, Four Weekly, Half Yearly, Yearly	Usual Payment Amount In Words
Please give details of any special instructions	Final Payment Date (if applicable)        OR        Until Further Notice (x)
3. Your Agreement with us	
It is my responsibility to ensure that this standing order is set up according to my requests and not that of Test valley Brass. I authorise you to debit my/our account, in accordance in Section 2. This request is addressed to the bank which holds my/our account I can stop or amend my request without giving notice to Test Valley Brass.	Your Signature(s)  Date  One you have completed this form please take it to your own bank for them to process.



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