

## crossteach Standing Order Form

To (name of your	bank)	В	ank PLC
of (address of you	ur bank)		
Please pay CAF Bank Ltd. of 25 Kings	s Hill Avenue, Kings Hill, Wes		
	t, Sort Code 40-52-40, Accou		
The sum of £			
(and in words)			
On	(date of t	First payment) and thereaft	er on the
	(day) of each month the	ereafter until I give notice	to cancel,
	and debit my account	as follows:	
Name of account (e	e.g. J. Smith or J. & Mrs H. S	mith)	
Account number			
Sort Code			
Signature			
Date			
of (address of you	s Hill Avenue, Kings Hill, West, Sort Code 40-52-40, Account (date of family) of each month the and debit my account e.g. J. Smith or J. & Mrs H. Sa	st Malling, Kent ME19 4JQ int Number 00021392, first payment) and thereaft ereafter until I give notice as follows:	er on the

**Return to:** Finance Manager, Cross Teach Trust, 11 Dormer Place, Leamington Spa, Warwickshire CV32 5AA