



The Hospital for Sick Children Nurses' League

Standing Order for The Hospital for Sick Children Nurses' League Journal

If you wish to pay for your Journal by Standing Order, please complete this form in BLOCK CAPITALS and return it, WITH A STAMPED ENVELOPE **ADDRESSED TO YOUR BANK**, to the Hon Treasurer:

Mrs Vivienne Davis
6 Shelleys Court
Manor Fields
Horsham
West Sussex
RH13 6SE

YOU DO NOT NEED TO SEND THIS ANNUALLY.

STANDING ORDER TO BANKER (your own bank)

To: _____ Bank

Address: _____

Postcode: _____

Payee: The Hospital for Sick Children Nurses' League

Address: c/o Mrs Vivienne Davis
6 Shelleys Court
Manor Fields
Horsham
West Sussex
RH13 6SE

Bank and branch to which payment is to be made: National Westminster Bank plc
Account No. **95812024** Sort Code **51-50-02**
South Norwood Branch
83/84 High Street
SE25 6YZ

Member's name: _____ Initials: _____

Address: _____

Postcode: _____

STANDING ORDER TO BANKER (continued)

Set _____ Month _____ Year _____

Start: _____

Finish: _____

Name of account: _____

Account number: _____

Date of first payment: _____

Amount: £ _____

Date of payments: **Annually on 5 January**

Amount: **£7.00** (seven pounds) must be in **pounds sterling** plus a donation towards postage if you wish.

Please make the payments detailed above and debit from my/our account.

Name of account to be debited: _____

Account number: _____

Payments are to continue until you receive further notice in writing.

This instruction cancels any previous order in favour of the Payee named above under this reference.

Signature: _____ Date: _____

Print full name: _____

Address: _____

Postcode: _____

Ref [Surname then initial(s)]: _____