



## NEWPORT COUNTY SUPPORTERS TRUST STANDING ORDER FORM

Please note that this form is not to be used for amending existing payments  
Please complete this form in BLOCK CAPITALS, sign and post it to your bank

### A: YOUR DETAILS

Your Account Name:

You Bank name:

**Account No:**  **Sort Code:**

**Tel No. - Work:**  **Tel No. - Home:**

Please set up the following **Standing Order** and debit my/our account accordingly

### B: ORGANISATION YOU WISH TO PAY

Name of Organisation:

Bank and Branch Name:

**Account No:**  **Sort Code:**

**Reference to be quoted (if any):**

### C: ABOUT THE PAYMENT

(If the amount of the periodic payments vary they should be incorporated in a schedule overleaf)

Amount of first payment (if different) :  Amount of normal payment:

Amount of normal payment in words:

Amount of final payment (if different) :

**Reference to be quoted (if any):**

As a general guideline allow up to 4 working days for the payment to be received by the beneficiary

Date of Payments:  Frequency:  (e.g. 1st, 30th May) (e.g. weekly, monthly)

**Commencing:** Now / \_\_-\_\_-\_\_ (Delete as appropriate)

**Total number of payments**  **or Expiry date** \_\_-\_\_-\_\_ **or until further notice**

**Special Instructions**

### D: CONFIRMATION

I/We acknowledge the Bank will not undertake to:

- (i) Make any reference to Value Added Tax, or other indeterminate element
- (ii) Advise payer's address to beneficiary
- (iii) Advise beneficiary of inability to pay
- (iv) Request beneficiary's banker to advise beneficiary of receipt

Your Signature  Date:  Second Account Holder's Signature  Date:

**For Bank Use Only:** Keyed by  initials Date: