

84 Crasswell Street Portsmouth, Hampshire, PO1 1HT
 Tel 023 9229 6919 Fax 023 9242 0488

To:

Bank

Bank	Branch Title (not address)	Sorting Code Number							
LLOYDS TSB	HEDGE END	3	0	-	1	3	-	9	5

For the credit of:

Beneficiary's Name	Account Number	Quoting Reference
E C ROBERTS CENTRE	0 0 8 6 8 1 3 4	

The Sum of:

Amount in Figures	Amount in Words

Commencing:

and thereafter every:

Date of first payment	Amount of first payment	Due date and frequency

Until further notice and debit my account accordingly.

Name of Account to be debited	Account Number	Sorting Code

BLOCK CAPITALS

Address

Signature:

Date

Signature

FOR JOINT ACCOUNTS WHERE BOTH SIGNATURES ARE REQUIRED

Postcode:

Date:

NOTE TO BANK:

THIS FORM REPLACES ANY PREVIOUS ORDER TO THE E C ROBERTS CENTRE