

Please complete this form in block capitals, detach and return to:
**Carer Support Wiltshire, Independent Living Centre, St George's Road,
Semington, Trowbridge, Wiltshire BA14 6JQ**

Title:
Name:
Address:
Postcode:
Telephone:
Email:
Please tick the box to consent to us holding this information on our database <input type="checkbox"/>

Monthly Standing Order

Please fill in your bank details below:

Bank Name:
Bank Address:
Postcode:
Account Name:
Sort Code:
Account No:

To the bank manager: Please pay the amount specified below on the 1st day of the month until further notice, to the following account:

**Carer Support Wiltshire, CAF Bank Limited, 25 Kings Hill Avenue, Kings Hill,
West Malling, Kent ME19 4JQ **Account No.** 00017295 **Sort Code** 40-52-40**

Monthly amount (please tick)	£5		£10		£15		£20
Signed:							
Date:							