

BYLARA STANDING ORDER

To _____ Bank _____
 _____ Branch _____

Please pay

Bank	Branch title (not address)	Sorting Code Number							
LLOYDS TSB	LOUGHBOROUGH	3	0	-	9	5	-	2	1

For the Credit of

Beneficiary's Name	Account Number*	Quoting Reference (YOUR NAME)
BYLARA	0 1 7 9 5 4 4 1	

The sum of

Amount in figures	Amount in words
£	

Commencing

Date of first payment	Amount of first payment
	£

and thereafter every

Due date and frequency
1st July Annually

Until further notice in writing or

Date of last payment

and debit my/our account accordingly

Name of account to be debited	Account number

THIS REPLACES MY/OUR PREVIOUS STANDING ORDER FOR THE TRANSFER OF _____ TO THE SAME ACCOUNT (cross out if not applicable)

*** THE CURRENT BYLARA SUBSCRIPTION IS £8 ANNUALLY FOR UK MEMBERS.**

OVERSEAS MEMBERS £8 PLUS £5 AIRMAIL IF REQUIRED AND £1 ONLY FOR FAMILY MEMBERS.

Name(s) _____
 BLOCK CAPITALS PLEASE

Signature _____

Address _____

Signature _____
 For joint accounts where both signatures are required

Postcode _____

Date _____ 20 _____

AFTER COMPLETION PLEASE FORWARD THIS FORM TO THE BANK BRANCH WHICH LOOKS AFTER YOUR ACCOUNT.