

BANKERS ORDER
COURTFIELD MEDICAL PRACTICE

Surname of patient: _____

Forenames(s) of patient: _____

Date of joining the scheme: _____

To: Bank plc

Address:.....

.....

Postcode:.....

Please pay into the account of Drs Harling, O' Brien & Ladbrooke

Account No: 21019215 Sort Code: 50-30-10

National Westminster Bank plc P. O. Box 2341 London W8 5LG

The sum of £..... (figures) (words)

Commencing on ____/____/____ (One month after the date of joining the scheme) and on the same day of each month until further notice from me in writing.

BANK NOTE: PLEASE ALTER ANY EXISTING STANDING ORDERS TO THE ABOVE BANK ACCOUNT ACCORDINGLY AND WITH IMMEDIATE EFFECT.

Customer Name:

Address:.....

.....

Postcode:.....

Customer

Signature:.....Date:...../...../.....

Account Name:.....

Account No:.....Sort Code:.....

BANK USE ONLY: (PLEASE QUOTE ACCOUNT HOLDERS NAME FOR REFERENCE*)
CUSTOMER NOTE: Cancellation of this Direct Debit can only be made in writing to both the Courtfield Medical Practice and, at the same time, to the bank.