**Catholic Diocese of Portsmouth**

Administered by: Catholic Diocese of Portsmouth

Registered Charity Number 119958

**STANDING ORDER FORM**

**SOUTHAMPTON – ST BONIFACE**

**(NAME AND ADDRESS OF YOUR BANK IN BLOCK CAPITALS PLEASE)**

**Bank**.............................................…............................................................................

**Address**.......................................................................................................................

**Sort Code: 30-93-04 Account Number: 00888002**

**Please Pay to**

**the credit of:**

**Account Name: PCD SOUTHAMPTON ST BONIFACE**

**Bank: LLOYDS BANK PLC, PALMERSTON ROAD, SOUTHSEA.**

**Quoting ref**  **Your Name**............................................................................................

**(Please enter your name as it appears on your cheque book in BLOCK CAPITALS)**

**The sum of** **£** £ **Amount in words**..............................................................

**MONTHLY / QUARTERLY / ANNUALLY *(delete as appropriate)***

**Starting on Date**........*..............................................* **until further notice**

**Debit my Account Name**.........................................................................................................................

**Account Number**............................................................**Sort Code**.......................................................

**This Order cancels any existing Order in favour of the above *ACCOUNT & SORT CODE NUMBER***

**Signature**...................................................................................................................................................

**Date**............................................................................................................................................................

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Once completed, this form should be given to your Bank.