



caledonian  
society for  
endocrinology  
and diabetes

# NEW STANDING ORDER

## BRANCH DETAILS

Sort code   Account number

## ACCOUNT DETAILS

Name of Account to be debited:

## BENEFICIARY BANK DETAILS

Sort code

Name of Bank: ROYAL BANK OF SCOTLAND  
Branch: GLASGOW ANNIESLAND CROSS BRANCH  
Beneficiary name: CALEDONIAN SOCIETY FOR ENDOCRINOLOGY AND DIABETES

Beneficiary Account No:

## BENEFICIARY PAYMENT DETAILS

Amount £  •  p Starting date

Frequency: **ANNUALLY** Expiry date

Or ☐ Tick if until further notice

## CUSTOMER AUTHORITY

Please debit my/our account with the amount of payments effected in accordance with the above instructions plus any charges which the Bank may make in effecting these payments on my/our behalf.

Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

SEND THIS COMPLETED FORM BACK TO YOUR BANK