

## Standing Order Form

Name: \_\_\_\_\_ Sort Code: \_\_\_\_\_

Address: \_\_\_\_\_ Account No: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

To the Manager:

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Please pay HealthLink360, Bank of Scotland, 10 Market Square, Duns, TD11 3ED  
Sort Code: 801351, Account Number: 06001438

Sum of £ \_\_\_\_\_

Commencing on date: \_\_\_\_\_

And thereafter \* monthly/quarterly/annually

\* delete as applicable

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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