



STANDING ORDER FORM

To the Manager _____ Bank/Building Society
(Your bank)
Address of Bank _____

I wish to make a WEEKLY* MONTHLY* ANNUAL* payment from my account in accordance with the details below. (* Delete as appropriate.)

Name on account _____

Account Number _____

Sort Code _____

To: Lloyds TSB
Market Place
Didcot, Oxon
OX11 7LQ

For Account of Brain Research UK

Account Number 15390568

Sort Code 30-93-93

Amount £ _____ (figures)

_____ (words)

Date of first payment _____ Date of last payment _____

Signature _____

Home Address _____

_____ Telephone Number _____

When completed please return this form to:
Brain Research UK, PO Box 280, Oxon, OX11 1DU