

Standing Order Form - Insurance

Please complete the details below and then return the top to Gym Club and take the bottom to your bank.

Name of Gymnast:
Name of Parent/Carer:
Address:

Name on Bank Account:
Bank Name:

I agree to pay my son/ daughter's B.G. Insurance by standing order.
I understand that the yearly rate will be £..... Starting from:

Signed: Date:

Please set up the following standing order and debit my/our account accordingly.

To:Bank/ Building Society.
Postal Address:
.....Post Code:

Account Name:

Account Number: _ _ _ _ _

Sort Code: _ _ - _ - _

Please Pay: Carlisle Gymnastics Club
HSBC
Carlisle City Office
29 English Street
Carlisle
CA3 8JT
Sort Code: 40 – 16 – 22
Account Number: 81532812

Payment Reference: (Child's Name)
(Must be quoted at all times.)

The Sum of: £.....
Amount in words:Pounds
Commencing: 20th September
And thereafter: Yearly on 20th September

Signature:
Date: