STANDING ORDER FORM

Please complete and submit to your Bank/ Building Society

Your name in full:		
Name and full postal address of your Bank	k/Building Society branch:	
To the Manager	Bank/Bu	ilding Society
Address		
	Post Code	
Name(s) of Account Holders(s):		
Branch Sort Code:		
Bank/Building Society Account Number: _		
Amount of payments and dates due:		
Please pay on the day of each month t	he sum of £ until fu	rther
notice commencing in/ 2014		
Name of account to be credited:		
Lightho	ouse Property Services Ltd	
The Ro	oyal Bank of Scotland plc	
1	3 Stonebow Centre	
	Lincoln	
	LN2 1DQ	
S	ort Code: 15-10-00	
Acco	unt Number: 25279991	
IBAN: G	B11RBOS15100025279991	
SWIF	T/BIC No: RBOSGB2L	
Reference:	(for example: 1 st line	e of the address)
Signature(s) of Account Holder(s):		
Signed:	Date:	2014