

STANDING ORDER in favour of Guardian GraveCare

Please write clearly in black ink using capitals in the white spaces, or tick the boxes.
Please return the original as photocopies cannot be accepted.

1. Your Details

Name of account

Sort Code Account Number

Amount to be debited Monthly Annually

Date of first payment

Continue payment until cancelled in writing by me/us.

2. Account to which payment will be sent

Name of account GUARDIAN GRAVECARE Bank LLOYDS TSB

Sort Code 30 - 99 - 90 Account No. 04060887

3. Your authorisation to your bank

I authorise you to make the above payments as indicated, and continue to do so until I cancel this agreement in writing.

Signature of account holder(s)

Date:

4. Please return this form to:



**3 LEIGH COURT BARNS, LEIGH, WORCESTER
WORCESTERSHIRE WR6 5LB**