Please complete in BLOCK CAP	ITALS and	in black ink. Please mark option	on boxes with an 'x'.	
То			Bank	
Please set up the following Star	iding Orde	r and debit my/our account acc	cordingly	
1. Account details				
Account name		Account numbe	ır.	
Account holding branch		Sort code	_	
2. Payee details				
Name of person or organisation	you are pa		Parasol	
Payment reference (if known) - th	is will appe	Network	k Yarmouth	
bank statement of the person or	organisati	on you wish to pay		
Sort code - the bank code of the		20 99 21		
Account number - the account n	umber of th	ne person or organisation you v	wish to pay	40376108
3. About the payment				_
How often are the payments to be made	Weekly	Two weekly	Four weekly	Monthly
	Quarterly	Half yearly	Yearly	
Amount details Date and amount of first payn (please allow 3 working days for		(DD/MMM/YY) (DD/MMM/YY)	£	
Date and amount of ongoing payments (If different from the first payment)		(DD/MMM/YY)	£	
Choose one of the following two	options			
1. Date and amount of final payment				
2. Until further notice		(payments will be mad	le until you cancel this ins	struction)
4. Confirmation				
Customer signature(s)				
Date (DD/MM/YYYY)				