

# Standing Order Form

Name of the payee:

.....

Name of the patient the plan is intended for:

(This is an important information for our records)

.....

Name of the Patient Membership Plan:

.....

Monthly amount:

£.....

Date of the first Monthly payment:

...../...../.....

Signature

.....

Date:

...../...../.....

Bank account details:

Lloyds Bank

**The Orchid Dental & Aesthetic Clinic**

**Sort code: 30-98-97**

**Acc number: 37472363**

Please give one copy of this page to us and one copy to your bank to set up your monthly payments (unless you set up through your online banking).