

STANDING ORDER FORM

To the Manager

I/we hereby authorise and request you to debit my/our

Account Name*	
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Account Details

Sort Code Account Number Amount Frequency

		£	Monthly
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Date on which the first payment is to be made

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Either:

Tick here to continue making payments until further notice

Or:

Enter the date on which you want payments to cease

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And Credit

Church on the Bus

Sort Code Account Number

16-16-18	10193658
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Quoting Reference

	(Your Name)
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Signed

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Name (Block Capitals)

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*Please ensure that the actual name on/of the account is included in this box so that we can accurately match your payment to our records.

The completed form should be sent to your own bank.