

~ Please complete and forward to your Bank Manager ~

THANK YOU FOR YOUR SUPPORT!

STANDING ORDER

Date

To the Manager

Branch Name & Address:

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

Account number

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With the sum of

€

(Say)

and to credit

C | H | R | I | S | T | | C | H | U | R | C | H | | R | A | T | H | G | A | R

Account number

0 | 5 | 5 | 8 | 1 | 0 | 9 | 0

Payee reference number if applicable

Bank

NSC

9 | 3 | - | 1 | 2 | - | 2 | 5

Frequency

Start Date

Until further notice in writing

It shall be understood that the Bank shall not be under any liability for damage or loss caused by any omission to make these payments.

Please allow 5 working days notice prior to the first payment.

Name/Account Title (Block Capitals)

Signature