STANDING ORDER

To:	Write the name ar	d address of y	our Bank below:		
Please	e make payment	detailed belo	ow to		
	В	ookside Co	mmunity CIO- Br	ookside C	hurch
Date of first payment(day)			of (month)		(year)
and m	onthly / quarterly	/ / annually tl	hereafter. (Please d	elete as app	ropriate)
Amour	nt of payment (w	ords)		_(£)
Credit	Account:	Sort Co Accour	ide Community C ode: 30-91 ot No: 79017 s Bank plc)	-92	
Quotin	g Ref: (insert su	ırname) _			
Debit r	ny Bank Accour	t No:			
Signed	l:			date	
Name	and Address				

Please send completed Standing Order Form **direct to your bank**.