



REQUEST FOR A STANDING ORDER (please complete in full otherwise the bank will be unable to process same)

TO: The Manager: _____

(name and address of your bank)

You are authorised to set up a standing order on my/our account as specified below.

My/Our account will at all times contain sufficient funds to enable each payment to be effected on the due date.

I understand that if three consecutive payments are not made due to insufficient funds the Bank may cancel this standing order without further reference to me.

Customer Details

NAME ON BANK ACCOUNT: _____

SORT CODE - -

ACCOUNT NUMBER:

Please complete and submit at least 5 working days before commencement of first payment date.

NEW Standing Order (from above current account)

BENEFICIARY NAME: ST PATRICKS MISSIONARY SOCIETY

BENEFICIARY SORT CODE: 20-97-09 BENEFICIARY ACCOUNT: 40842214

REFERENCE:

(to be completed by St Patricks)

FREQUENCY: (ie. weekly, monthly, yearly) _____

START DATE: - -

AMOUNT: £ -

AMOUNT IN WORDS: _____

CUSTOMER'S SIGNATURE: _____ **DATE:** _____

YOUR CORRESPONDENCE ADDRESS:

TELEPHONE NO.: _____

EMAIL ADDRESS: _____

*Thank you for completing the above and supporting the work of St. Patricks Missionary Society. **Please return your completed form to us and we will forward same to your bank for processing.***

Please tick this box if you do not wish to receive an acknowledgement.

