

STANDING ORDER FORM

To the Manager,

Name of your bank and branch _____
Date 20 ____

I/We hereby authorize and request you to debit my/our

Sort Code _____
Account Number

Print name of your account account in

accordance with the following details: -

To: DANSKE BANK LIMITED
27 GLENSHANE ROAD, ALNAGELVIN

Sorting code No. 95 - 03 - 06

For Account of ST PATRICK'S ROMAN CATHOLIC CHURCH, DUNGIVEN

Account Number 71001736

Amount £_____
(i.e. The amount you will pay every Week/Month/Quarter/Annual)

Date Payable _____
(e.g. First day of the Month)

First Payment On Receipt of this form

Frequency _____ *Until further notice*
(Week/Month/Quarter/Annual)

Signature

Signature 2 (joint account only)

Address: (Street and House Number only)