

STANDING ORDER FORM

To the Manager

Bank Name:	
Bank Address:	

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

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

Account Details:

Sort Code	Account Number	Amount	Frequency (Delete as appropriate)
		£	Monthly/Quarterly/Annually
Start Date:		End Date (if applicable):	

And Credit:

Account Name:	ALDERNEY SPORTS FOUNDATION
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Account Details:

Sort Code	Account Number
55-50-39	68666543

Reference:

(Your Name):	
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Signed:

Date:

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Full Name in Block Capitals:

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