

STANDING ORDER FORM

To the Manager

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

Account Name*	
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Account Details

Sort Code Account Number Amount Frequency

		£	Monthly
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Beginning Date End Date Number of Payments

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And Credit

Wymondham Baptist Church

Sort Code Account Number

30-90-89	47748863
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Quoting Reference

	(Your Name)
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Signed

	Date
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Block Capitals

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