

BANKERS STANDING ORDER MANDATE

To the Manager _____ Bank plc

Address _____

_____ Postcode _____

Name of Account _____

Account No. _____ Sort Code _____

Please debit the above mentioned account with the sum of £ _____

on the _____ day of each month, commencing on _____

quoting reference _____

and credit the sum to the account mentioned below until notice is given in writing to change or stop this mandate. This mandate supersedes and replaces any previous mandate in favour of the account mentioned below.

Please credit: St Giles Cripplegate PCC

CAF Bank Limited

Account: 00034121

Sort Code: 40-52-40

My/our Name(s) _____

Address _____

_____ Postcode _____

Telephone _____

Signature(s) _____

Please return this form to: The Parish Administrator, St Giles' Cripplegate
Fore Street, Barbican, London EC2Y 8DA.

Registered Charity Number 1138077