

BANKERS STANDING ORDER MANDATE

To the Manager _____ Bank

Address _____

_____ Postcode _____

Name of Account _____

Account number _____ Sort Code ____ ____ ____

Please debit the above account with the sum of £ _____

on the _____ day of each month, starting on _____

quoting reference _____

and credit the sum to the account mentioned below until further notice.

This mandate cancels and replaces the previous standing order mandate in favour of St Giles Cripplegate PCC

Please credit the following account with CAF Bank Limited:

Account name: St Giles Cripplegate PCC

Account number: 00034121

Sort code: 40-52-40

My/our name(s) _____

Address _____

_____ Postcode _____

Telephone _____

Signature(s) _____

Please post or deliver this form to your bank where your account is held.

Registered Charity Number 1138077