

Request for Standing Order

To: The Manager, _____

Bank: _____

Branch: _____ Date: _____

Please charge to my Account:

A/c No.

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02 Name of Account: _____

03 Payment Reference Number: _____
(If applicable)

And pay to:

04 Name of Account: Church of The Guardian Angels

Bank: Bank of Ireland

05 Branch: Blackrock NSC

9	0	1	0	2	8
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05 Account Number

1	0	4	8	4	7	0	7
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The amount stated below at the specified intervals:

08 Frequency: e.g. monthly - quarterly _____

08 Day of Month:
(if appropriate)

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09 Commencing with first payment on

Date	Month	Year

Amount £ _____

10 Until further notice

My/Our account will at all times contain sufficient funds to enable each payment to be effected on the due date:

Signed _____

Address _____