

STANDING ORDER AUTHORITY

To Bank Limited

Address

Please pay

Branch & Branch Title	Sort Code Number
Lloyds TSB Bank plc, Islington	30 - 94 - 57
Beneficiary's Name	Account Number
PCM Bournemouth	00616172
Amount in Figures	Amount in Words

for the credit of

the sum of

Reference: Your name and gift aid number

commencing

Date of first payment

and thereafter every month/week until you receive further notice from me/us in writing and debit my/our account accordingly

PLEASE CANCEL ANY PREVIOUS STANDING ORDER IN FAVOUR OF THE BENEFICIARY NAMED ABOVE

Account to be debited	Account Number

Signature(s)

Date