

Bankers Order Form – Coventry City Mission

Personal Details:

Surname:

Title:

Forenames:

Address:

PostCode

Day Tel:

E-mail:

For a Regular Gift:

Frequency & Amount: Monthly £ Quarterly £ Annually £

Choose a day of the month for payment collection: 3rd 13th, 23rd

First Payment – (Allow at least 2 weeks) _____/20

Instruction to Bank or Building Society to Pay by Standing Order

Name & Address of your Bank/Building Society

PostCode:

Name(s) of Account Holder(s)

Bank/Building Society Account Number:

Branch Sort Code

Please pay Coventry City Mission, Account Sort Code 40-52-40 A/c No: 00018702
CAF Bank, 25 Kings Hill Avenue, West Malling, Kent, ME19 4JQ.

Signature (s) _____

Date: