BANKER'S ORDER FORM

Name of Donor's Bank: . . . . . .

Address of Donor's Bank: . . . . . .

. . . . . .

. . . . . .

. . . . . Postcode: . . . . . .

Please pay the sum of £ . . . . . on (day) . . . . . (month) . . . . . (year) . . . . . , and on the same day each month / year *(delete whichever is inappropriate)* thereafter until further notice from me, from my account No . . . . . to the credit of

Beneficiary Details: The Shrewsbury Christian Centre Association
(Registered Charity No 501881)

Account No 00013325

CAF Bank Ltd
25 Kings Hill Avenue
Kings Hill
West Malling, Kent ME19 4JQ

Sort Code No 40 – 52 - 40

Signed: . . . . . .

Name: . . . . . .

Date: . . . . . .

Please return this form to ***The Treasurer,***
Shrewsbury Christian Centre Association,
12 Old Coppice, Lyth Hill,
Shrewsbury
Shropshire SY3 0BP,

and NOT direct to your Bank. Many thanks!