STANDING ORDER FORM

To the Manager					
I/we hereby authoris	se and request you to debit	my/our			
Account Name*					
Assert Dataila					
Account Details Sort Code	Account Number		Amount	Frequency	
Joil Jouc	Account Number		£	Monthly	
				Wichany	
Beginning Date	End Date	Number of	Number of Payments		
And Credit	'	'			
Wymondham Baptis	st Church			_	
Sort Code	Account Number				
30-99-08	22019560				
Quoting Reference	r				
Quoting Profession			(Your	r Name)	
			`		
Signed					
			Date		
Block Capitals					
		_			

^{*}Please ensure that the actual name on/of the account is included in this box so that we can accurately match your payment to our records.