

## STANDING ORDER FORM (Restricted Funds)

To the Manager


I/we hereby authorise and request you to debit my/our

Account Name*	
---------------	--

Account Details

Sort Code	Account Number	Amount	Frequency
		€	Monthly

Beginning Date	End Date	Number of Payments

And Credit

PCC of St Mary's Lytchett Matravers Restricted Funds Account
--

Sort Code	Account Number
40-52-40	00029991

Quoting Reference

	(Your Name)
--	-------------

Signed

--	--

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.

Please return form to: - Roger Ong Alder Rise, Huntick Road, Lytchett Matravers, Poole, BH16 6BB