

**BANKERS ORDER FORM
SPECIAL MISSION FUND**



West Church

The Manager _____ Bank/Building Society

_____ Branch

Address: _____

Post Code: _____ Date: _____

On receipt of this order, please pay to the:

Danske Bank

PO Box 183, Belfast, BT1 6JS

Sort Code: **95-02-31** Account Number: **62740664**

Reference: **SMF** _____ (add your FWO number)

The sum of £ _____ Amount in words _____

* Monthly on the _____ day of each month

OR * each year on the _____ day of _____ (month)

OR * _____

(*delete two options)

First payment to be made on: _____

*Final payment made on: _____ **OR** * Make _____ payments

OR * until further notice (*delete two options)

Name of Account: _____

Account Number: _____

Sort Code: _____

Signed: _____

