

Standing Order Form

Instructions to your bank or building society



1 Details of the account where payments will come from	
Account Name <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	Account number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	Sort Code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2 Details of the account where payments will be sent to	
Account Name <input style="width: 95%; height: 20px;" type="text"/>	Name of bank or building society <input style="width: 95%; height: 20px;" type="text"/>
	Branch <input style="width: 95%; height: 20px;" type="text"/>
Reference <small>Please state if payment relates to: tithes, general offering, donation to the ministry in general or other (please state).</small> <input style="width: 95%; height: 20px;" type="text"/>	Account number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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3 Payment details	
Regular amount (in figures) <input style="width: 95%; height: 20px;" type="text"/>	Frequency Choose 1 option by marking one of the boxes with an X <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> 6 monthly <input type="checkbox"/> Annually
Date of first payment <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	For weekly payments choose a day of the week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Either Date of final payment <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	If you would like any other frequency, please specify the payment date required (e.g. 21st) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Or Number of payments <input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/> Gift Aid Declaration <small>As a UK taxpayer, I would like the Apostolic Church of Fellowship to reclaim tax on all donations I make from the date on this declaration until I notify you otherwise.</small>
<input type="checkbox"/> Continue payments until cancelled by me/us in writing-mark box with an x.	
4 Special Instructions	
Please mark one of the boxes with an X, if either the first, or final payment amount, is different from the regular amount <input type="checkbox"/> First <input type="checkbox"/> Final	Signature <input style="width: 95%; height: 20px;" type="text"/>
Amount of first or final payment if different from regular amount <input style="width: 95%; height: 20px;" type="text"/>	Signature (if Joint account) <input style="width: 95%; height: 20px;" type="text"/>
	Date <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

Please hand this form to your own bank to activate the Standing Order. Please forward a copy via email to info@acfworksop.com