

# Standing Order Authorisation

Please transfer the sum of £

## From Bank Account

Please enter the details of the account to be debited

Sort Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Name	<input type="text"/>						
Bank Name and Branch Address	<input type="text"/>						

## To

Sort Code	30 67 76								
Bank Name	Lloyds TSB Bank Lincoln								
Account No	<table border="1"><tr><td>3</td><td>1</td><td>4</td><td>6</td><td>7</td><td>6</td><td>6</td><td>8</td></tr></table>	3	1	4	6	7	6	6	8
3	1	4	6	7	6	6	8		
Account Name	Lincoln North Methodist Circuit No 2 A/C								
Reference									

Start Date	Frequency (Monthly/Quarterly etc)	
<input type="text"/>	<input type="text"/>	<input type="text" value="Until further notice"/>
Authorised Signature/s	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	

## GIFT AID

Increase the value of your donation by Gift Aid:

I confirm that I am a UK Tax payer and wish to increase the value of my donations until further notice by Gift Aid

Signature..... Date.....

ON COMPLETION PLEASE RETURN THIS FORM TO:

Mrs A Beckett  
77 All Saints Lane  
Nettleham  
Lincoln  
LN2 2NJ