

To _____ Bank plc, _____ Branch
 _____ Bank Address

Please Pay:

Beneficiary's Bank and Branch Name CAF Bank Ltd, 25 Kings Hill Ave, Kings Hill, West Malling, Kent, ME19 4JQ		
Sorting Code Number 40-52-40	Beneficiary's Account Number 23064	Beneficiary's Name Godmanchester Baptist Church
First Payment* £	Date of First payment*	Reference (donor name)
Usual Payment £	Start Date	Frequency (e.g. monthly)
Last Payment* £	Expiry date _____ OR until further notice	

** Use shaded boxes if First and/or Last payment differs from Usual Payments*

Account to be debited	Account Number
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Delete one of the following.

- a. This is a new instruction
- b. Please cancel any previous Standing Order in favour of the Beneficiary under the above reference.

Signature(s) _____

_____ Date _____