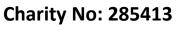
FRANCISCAN AID





STANDING ORDER

Customer details	
Name of payer:	
Address with postcode:	
Email	
Bank name:	
Branch title:	
Bank postal address	
Bank Sort code:	Bank Account number:
Please make payments as deta account	iled below from my/our above bank
Payee (Organisation to be paid): Fra	nciscan Aid Fund
Bank name: Lloyds Bank plc	Branch title: Cheapside
Sort Code: 30 – 91 – 83	Account number: 00187638
Your Reference (†):	
Amount in figures: £	
Amount in words:	
Date of first payment:	20

Frequency of payments (*): Monthly/Quarterly/Yearly	
Date of last payment (or, until further notice):	
Signature(s) of Customer(s) (**)	
Telephone number or email (if any query)	
Date 20	
(†) Unless a reference has been specified by Franciscan Aid, please insert your surname & postcode	
(*) Delete as applicable	
(**) If more than one signature is required for debits to your account, please ensure that this form is fully signed by the necessary signatories.	
Please send your completed form to:	
treasurerfaf@tssf.org.uk	

Should you require an acknowledgement of your support, please supply your e-mail address or alternatively enclose a stamped addressed envelope.