

Standing Order Instruction

Please make the payments detailed below and debit my account

Account

Name of Account to be debited: _____

A/c No: _____

Bank Address: _____

Sort Code: _____

Reference to be quoted: _____

Name of Payee:

The Salford Diocesan Trust Holy Cross and St Helen

A/c No:

00446815

Sort Code:

205534

Bank & Branch to which
Payment is to be made:

**BARCLAYS BANK
MANCHESTER CITY OFFICE
P.O. BOX 357
51 MOSLEY
STREET
MANCHES
TER
M60 2AU**

Amount _____

Amount (in words) _____

FREQUENCY _____

Date of first payment _____

Date of last payment _____

Signature _____

Date _____