Standing Order Authority Form

On completion please post to your bank:

To:			(name of your bank)
Ple			
	The sum of	£	
(Amount in words)			
on the 15 th day of		(month) _	(year)
	and then monthly unt	il cancelled by me	
Title (Mr. Mrs. Doctor, Rev	verend, etc.) Firs	st name:	
Surname			
Full postal Address:			
	Post code		
Your account name:			
Your account Number:			
Your Signature/s:			

Bank Use: Please pay: 'The Bethany Project (Tanzania) UK'
Account Number 01330624, Sort Code: 40-12-04
When making the monthly payment please identify the payment using the payees surname and initial (not their account number)
HSBC, 60 Church Street, Blackburn, Lancashire, BB1 5AS, UK
International bank account number: GB63MIDL40120401330624
Branch Identifier code: MIDLGB2102P

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