

New standing order

(or a one-off payment)

Please write clearly in **Black ink** in the white spaces with capital letter or cross the boxes.
All sections must be completed.

Please return the **original** form as photocopies are not acceptable.
Important – we cannot set standing orders or direct debits up on savings accounts.

1. Your details

Your full name or name of business

Sort code (being debited)

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Account number (being debited)

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Your contact telephone number

Branch name & Address

2. Details of your standing order

Does this instruction replace any existing **standing**?Order or direct debit instructions? ☐ Yes ☐ No

If **yes** please give details in special instructions below and arrange to cancel them.

Recipient's name and bank details

LLOYDS TSB BANK PLC (ILFORD HIGH ROAD BRANCH)

Account name

MUSLIM COMMUNITY OF ESSEX

Account number:

87571860

Sort Code:

77-13-01

How often do you want the payment made? (Please tick one)

Weekly ☐ 4-weekly ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly ☐

Others _____

Please give detail of any special instruction

Payment reference (if applicable)

Please choose payment method

☐ One-off payment ☐ Regular payment

Payment amount

£ _____

First payment date (Regular payment or one-off)

(DD-MM-YYYY) ____-____-____

Usual payment amount

£ _____

Usual payment amount in words

Final payment amount (if different to usual payment)
 this must have a final payment date

£ _____

Final payment date (if applicable) OR until further notice

(DD-MM-YYYY) ____-____-____

3. Your agreement with us

I authorise you to debit my/our account, in accordance with the details in section 2.

Your signature(s)

This request is addressed to the bank which holds my/our account.

Date: _____

✂-----

✂-----

✂-----

✂-----

✂-----

4. Gift Aid it

[] **YES**, I am a UK taxpayer and would like to donate all donations I have made over the past year and all donations I will make in the future (unless I notify you otherwise) as Gift Aid donations.

First Name _____

Last Name _____

Address _____

Post Code _____

Signature _____

Date _____

Please note: Your donations are eligible for the scheme if you pay an amount of Income tax and / or capital gains tax at least equal to the tax the charity reclaims on your donations.