# Bankers Order Form

To the manager
(insert here the name & address of your bank as on your cheque book)

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Please make the following payment to the below account

| | |
|---|---|
| **A/C Name** | **St Raphael's Catholic Church** |
| **A/C number** | **36110469** |
| **Sort Code** | **60-50-01** |
| **Bank** | **Nat West, Croydon, Whitgift Centre Branch.** |

Amount in figures per month*

Amount in words per month*

* if any other frequency please specify

Starting from (Insert date you wish payment to start from) (day) (month) (year)

My Bank Account Number

My Sort Code

My Bank Account Name

Signature Date

Please supply a contact telephone number in case we need to contact you

**Please return this form to the Parish Office or Sacristy**
**Thank you**