STANDING ORDER AUTHORITY		
(Your branch name and addres	.s):	
The Manager,		
Bank		
Account Name	nte are to be made from)	
(Insert name of account payme		
Account Number		
Branch Sort Code		
Instruction to pay:		
Please pay:	CafCash Bank Limited	
Branch Address :	P O Box 289	
	West Malling	
	Kent ME19 4TA	
Account number	00010712 Sort Code 40-52-40	
Beneficiary's name:	THE GAUCHERS ASSOCIATION LIMITED	
The sum of	£ Amount in words:-	
Date of first payment		
and thereafter on the san	ne day every month*/ quarter*/ year*; Until further notice	
*(Please delete as appropriate)		
Quoting reference (To be completed by the Gauch	and debit my/our account accordingly	
Please cancel any previous Standing Order in favour of this beneficiary under this reference		
Authorisation:-		
Print your name		
Signature(s)	Date	
(To be signed in accordance with your mandate)		
Your address	·	
For bank use only		
Signatures Confirmed	Processed Checked e:\my documents\exce gauchers\CAF standin order V03	
Thank you for completing	the above form, please return to me, <b>not to your bank</b> .	
	ssociation 8 Silver Street Dursley Glos GL11 4ND	