

STANDING ORDER SET-UP FORM

To the Manager:

Branch Address:

I/we hereby authorise and request you to debit my/our account

Account Name:

BIC: IBAN:

and to credit the beneficiary / receiver account

Account Name **The Brabazon Trust**
BIC: IBAN:

Beneficiary / Receiver Ref:

PAYMENT DETAILS

Start Date: Payment Amount

Frequency: Monthly Quarterly Annually
(tick one option)

Signature: _____ Date: ___/___/___

Signature: _____ Date: ___/___/___

Please allow 5 working days prior to the first payment due date

Name (BLOCK CAPITALS): _____

Address: _____

_____ Email: _____

Brabazon Trust likes to include the names of our supporters in our annual report. Please tick here to confirm that we may continue to do so.

Your donation will be recorded for audit purposes and retained on the Brabazon Trust donor database. If you **do not** wish to have your personal details stored on our donor database, please tick here.

Your details **will never** be shared with any third party or used for any other purpose. Please notify us of any changes to your details.