

# LEAF - STANDING ORDER FORM



To the Manager  
Bank/Building Society


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

Account Name*	
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Account Details

Sort Code                      Account Number                      Amount      Frequency

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Beginning Date              End Date                      Number of Payments

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And Credit

LEAF - Locally Encouraging All to Flourish
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Sort Code                      Account Number

40-52-40	00034459
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Quoting Reference

	(Your Name)
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Signed

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Block Capitals

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\*Please ensure that the actual name on/of the account is included in this box so that we can accurately match your payment to our records.

Have you considered completing a Gift Aid Form (see our web site)?