

## INSTRUCTIONS TO BANK OF SILOAM SUPPORTER

## **NEW BANK MANDATE STANDING ORDER AUTHORITY**

Please complete in Block Capitals in blue or black ink and tick the relevant boxes where needed.

## The organisation you wish to support is SILOAM CHRISTIAN MINISTRIES

Name of our Account	our Account SILOAM CHRISTIAN MINISTRIES LTD							For Your Bank's Use Only	
Our Bank & Branch Name Royal Priors, Leamington Spa CV32 4ZX							Beneficiary/ Originator		
Account Number	0	0 9 3 2 3 2	9				Details		
Sort Code	60	0 - 12 - 35					_ Computer records checked		
Reference for statement (Your name and initials please)	Α						for matching Standing Order		
Donation details (Your gift to	o Siloa	ım)					Donation Details		
Amount of First Payment	C		Date of F	irst Pay	ment <b>B</b>	1 1	Is donation due Today or Tomorrow?		
Amount of Usual Payment	C £						If Yes, advise Regular Payments Staff immediatel	v	
Amount of Usual Payment in Words	D						by fax or telephone to take action.	200	
When Paid: (Weekly, Monthly, Quarterly, Annually etc.)	E		f month for (i.e. 1st – 5t	usual P <sup>h</sup> – 20 <sup>th</sup> -	ayment <b>F</b> - etc)		]		
Please continue Payments until fu	ırther n	otice						_	
Donor's details Your bank's na	me <b>G</b>							_	
Account in the Name(s) of	н								
Full Branch Address (Including postcode)	1							-	
Account Number	J					-			
Sort Code	ĸ	<b>.</b>					tr O		
Instruction Details  Does this Authority replace an exist of the second	sting Ba	nk Mandate Standing	Order <b>L</b> Ye	es 🗌	No 🗆	rather than Direct control over the d not able to amend	use Bank Mandate Standing Order Author Debits as the former gives the donor com- donation transaction. Please note that Silo d or cancel your Bank Mandate Standing ( ction can only be undertaken by you yo	plete am is Order	
Special instruction	The purpose of this payment (gift) is: <b>M</b>						Special Instructions		
(Include any additional									
information applicable to this instruction)			Are there special instructions to be clarified with donor?						
,	(P	(Please consult your project prayer reminder calendar)							
Donor's Signature									
Please debit my/our account accordingly	N						***Update ISS records whe appropriate (expert codes ADD/UOD)	re	
Telephone Number***	O	ne/Work/Other			Date <b>P</b>	1 1	100/000/		
Special notes:									
The bank will not undertake to:  a) Advise donors' address to the beneficiary (Siloam).  b) Advise the beneficiary of your inability to donate.			Siloam supporter Ref. No.						
			Your full i	name p	lease:		_		
c) Request the beneficiary's banker (Siloar			Complete	, add	er please:				
			Complete	auure	ss please:				
		Post					stcode		