Jacob's Well Appeal

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Jacob's Well Appeal

To the Manager (Name of your Bank):

STANDING ORDER FORM

Branch Address:	
Post Code:	
Sort Code:	Account Number:
Account Name:	
Please pay JACOBS WELL APPEAL the sum of: -	
(Amount in figures) £	(Amount in words)
Monthly commencing on (Date): Until further notice.	
To The Co-Operative Bank PLC, P O Box 250, Skelmerdale, WN8 6WT,	
Sort Code 08-92-99. Account Number 67235135.	
Name: Date: Address:	Signature:
Post Code	