PARISH OF LAVEY WEEKLY COLLECTION STANDING ORDER

This form instructs your bank or building society to make payments direct from your account. Please complete all six sections on the form.

1. Name (s) of account holder (s)

. Name and full po	stal address of	° vour Bank/Bui	lding Society	
	5001 0000 055 01	. jour Dunn, Dur	i i i i i i i i i i i i i i i i i i i	
For the Credit of	: Lavey Par	ish No 1 Accour	nt	
	•	ket St, Magherafel		5 6EE)
ccount No:	40271673			
ort Code:	90-49-82			
he Sum of			_	
commencing on Dat	e:			
nd thereafter on eac	ch succeeding]	Date:		
Monthly		Weekly		Fortnightly
Iy/Our Account wil		ontain sufficient	funds to enab	le each payment t
e affected on the du	e date.			
. Account Number				
Branch Sort Cod	e			
	-		-	
Bank Statement	Reference			

6.		
Signature:	Date:	
Address:		
Postcode:	Telephone:	

PLEASE PRESENT THIS COMPLETE FORM AT YOUR BANK OR BUILDING SOCIETY.