

Echoes International



Standing Order - Part A

To: The Manager

Bank PLC

(Donor's Bank)

(Bank Address)

Please pay the sum of: £ on
(Figures) (Words)

and further sums of £
(Date of 1st payment) (Figures) (Words)

thereafter on
(Date of subsequent payments) (Periodically / Monthly / Quarterly / Biannually / Annually)

Until further notice from me/us or until *(Delete as appropriate)*
(date of last payment)

quoting reference
(Donors name e.g. ABC Church / Surname & initials e.g. Smith R.J.)

To: The National Westminster Bank PLC Bath, 24-25 Stall Street, Bath BA1 1QF
Sort Code: 60-02-05 For the account of Echoes International Account Number 63519194

Name:

Address:

Postcode:

A/C No:

Signature 1*: Block Capitals:

Signature 2*: Block Capitals:

Date: / /

*(*To be signed by the authorised signatories in accordance with the signing rules as specified on your current bank mandate.)*

Please send this form direct to your bank

Echoes International



Standing Order - Part B

To: Accounts Department, Echoes International, 124 Wells Road, Bath BA2 3AH

I/We have set up a Standing Order with my/our Bank which is due to commence

on / / For the amount of £

I/We would like to allocate this gift to

(if more than one beneficiary, continue overleaf)

For the following purpose(s)

Delete as appropriate: Personal Needs / Mission Work / Sponsorship / Other purpose *(Specify below)*

Any further information e.g. name of person to be sponsored

This payment will be followed by subsequent monthly / quarterly / biannual / annual payments of £ and will terminate on or until advised by me/us in writing.
(Figures)

I/We do/do not require a receipt *(delete as required)*

N.B. If you are a U.K. Tax Payer and Gift Aid is to be added to this donation; please obtain a Gift Aid Declaration Form from the Echoes International office.

Name:	<input type="text"/>		
Address:	<input type="text"/>		Postcode:
	<input type="text"/>		
Email:	<input type="text"/>		
Telephone:	<input type="text"/>		
Signature 1:	<input type="text"/>	Block Capitals:	<input type="text"/>
Signature 2:	<input type="text"/>	Block Capitals:	<input type="text"/>
Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>		

Please return this form direct to: Echoes International, 124 Wells Road, Bath BA2 3AH