

## STANDING ORDER AUTHORITY

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TO:											
(Bank Name)											
(Address)											
								(Postcode)			
Account in the of:	e name(s)										
Account No.											
	Sort C	Code	•	•		•	•	•			
Please pay: THE OLD NEWBURIANS' ASSOCIATION											
<u>Plea</u>	se pay:	Ti	HE OLL	) NEW	BUF	RIANS'	ASSC	CL	ATI	ON	
Amount of Payment		£		Date of First Payment							
Payment in words											
Payments to be made:		ANNU	Date	Date of Payments							
	TOTAL CONTRACTOR OF THE PARTY O	EOLDA	TEXT DE	IDIAN	G1 A	TOODE	ATTO	<b>.</b>			
	111	E OLD N		C Bank		SSOCIA	<b>X110</b>	IN			
				rthbroo	-						
				ewbur							
				RG14							
Account No.	5	0	6	3		2	0		3		1
		Sort Co	ode	40-34	-12						
Members sign	ature:										
Date:											
Tel No.											

Please send form to your Bank