



From the Treasurer

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BANKER'S ORDER FORM

Please send this form direct to your bank.

Also please send an email to rt@lambhealth.org.uk advising of the regular payment that you are setting up.

To: The Manager

(Please insert name and address of your bank/building society)

Please pay to LAMB Health at The Co-operative Bank (SC 08 92 99, A/C 65403163)

the sum (in words) of _____ pounds (£)

on 1st of (insert month) _____ 20 ____ (year)

and a similar sum on the first day of every month/quarter/year until further notice and debit my account accordingly.

Signed :

Date:

Name in capitals :

Address :

Name of account:

Account number:

Sort Code: