

STANDING ORDER FORM

To the Manager

I/we hereby authorise and request you to debit my/our

Account Name	
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Account Details

Sort Code	Account Number	Amount	Frequency
		£	Monthly/quarterly/annual

Beginning Date	End Date	Number of Payments (leave blank if ongoing)

And Credit

ANGLO-INDIAN CONCERN	Registered charity no. 1015136
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Sort Code	Account Number
30-94-47	00809092

*Quoting Reference

	(Your Name)
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Signed

	Date:
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Block Capitals

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*Please ensure that your actual name is quoted in the reference section so that we can accurately match your donation to our records.

Please complete and print this form and send to your Bank or alternatively set up the details online.