



## Standing Order Mandate Form for Restoration Appeal

To: The Manager, Bank of Ireland, 82a Main Street, Bangor, BT20 4AL

Your Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Your Bank: \_\_\_\_\_

Branch Address: \_\_\_\_\_

**Please make payments in accordance with the following details:**

Debit my Account:	Sort Code <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							Account Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								

Credit Account:	Sort Code <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">9</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">7</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> </tr> </table>	9	0	2	0	7	1	Account Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">9</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">8</td> <td style="width: 20px; height: 20px; text-align: center;">7</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> </tr> </table>	9	2	4	2	8	7	2	4
9	0	2	0	7	1											
9	2	4	2	8	7	2	4									

Beneficiary A/C Name: Ballyholme Parish Church

First Payment Date: 

d	d	m	m	y	y
			d	d	

Usual Monthly Date Thereafter: 

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Monthly Amount: £20     £25     £30     £35     £40     £50

Other £.....

I wish to donate the above amount until further notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For Gift Aid Purposes please tick the box to confirm you are a UK Tax payer.

**Please return this mandate, when completed to:**  
**The Treasurer, Ballyholme Parish Church, 68 Groomsport Road, Bangor, BT20 5NE**