



Registered Charity: 1016310

## STANDING ORDER AUTHORITY

To: The Manager

Name and address of your Bank: .....

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Please arrange a Monthly Standing Order commencing from .....(date of first payment) until cancelled by me in writing.

for the sum of £..... from my account details as follows;

Account Name: .....

Account Number: .....

Sort Code: .....

Payment to be made to: Account Name: Faith Miracle Centre

Sort Code: 20-35-90 Account Number: 00032603

Bank Address: Barclays Bank, PO Box 738, 75 King Street  
Hammersmith, London W6 8HY

Name: .....

Signature: ..... Date.....

Address: .....

.....

.....Post Code:.....

**Complete this form in capital letters, print and post to Faith Miracle Centre,  
John Raphael House, Coburg Road, Wood Green, London N22 6UB**