

 DIRECT DEBIT MANDATE/

 BANK DETAILS FORM.

I WOULD LIKE PAYMENTS MADE TO NEWHAVEN CHARITY APPEAL FOUNDATION BY DIRECT DEBIT FROM MY ACCOUNT BELOW ON THE 30TH OF EACH MONTH STARTING ON

………………………………………………………………………………………………………

AND CONTINUOUSLY UNTIL FURTHER NOTICE BY ME.

I WISH DIRECT DEBIT PAYMENTS TO BE TAKEN FROM;

ACCOUNT HOLDERS NAME;……………………………………………………………………………………

BANK/BUILDING SOCIETY ADDRESS;………………………………………………………………………..

………………………………………………………………………………………………………

POSTCODE………………………………..

ACCOUNT NUMBER;………………………………………………………

SORT CODE;………………………………………………………………..

I WOULD LIKE PAYMENTS TO BE MADE INTO THE FOLLOWING BANK/BUILDING SOCIETY ACCOUNT NAME;………

NEWHAVEN CHARITY APPEAL FOUNDATION.,

………………………………………………………………………………………

BANK/BUILDING SOCIETY ADDRESS;……

96-98 QUEENSWAY,STEVENAGE,HERTFORDSHIRE,SG1 1EG.

……………………………………………………………………………………………

 24597425

ACCOUNT NUMBER;…………………………………………………………..

 09-01-29

SORT CODE;………… ………………………………………………………..