



Standing Order Form

Name: _____

Address: _____

Post Code: _____

Telephone: _____

To: _____

Bank Limited

**At (address
of branch)**

Account No. _____

Sort Code _____

You are hereby authorised to pay to the credit of
The Stauros Foundation at: **First Trust Bank**
English Street
ARMAGH
BT61 7LD

Account Number: **04815066** (Sort Code No. **93-81-65**) the sum of:

£ _____ (in words _____)

Per week/month/year on the first day of _____ (month) and each subsequent
week/month/year until further notice.

Signed _____

Please complete and return to: The Stauros Foundation
29 Straidhavern Road
Nutts Corner
CRUMLIN
BT29 4SN