

I want to support
Pain Support Jersey



PAIN SUPPORT
JERSEY

Standing Order Mandate

To: (Bank Name) _____

Bank Address _____

Please pay the amount of £25 (Twenty Five Pounds) from my account:

Account Name: _____

Sort Code: _____

Account Number: _____

To:

Account Name: Pain Support Jersey (PSJ)

Sort Code: 30-94-61

Account Number: 58666168

Lloyds Bank International Ltd. 9 Broad Street, St Helier, JE4 8NG

On (Date): _____

And annually thereafter until further notice.

Signature of Account Holder

Date

Thank you for your support
Please post this form to your bank.