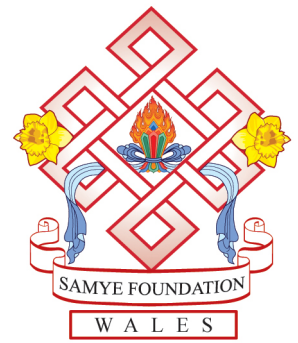


STANDING ORDER



SECTION 1: YOUR DETAILS, ALL SECTIONS MUST BE COMPLETED

| | |
|---|---|
| <p>YOUR NAME/S:</p> <p>_____</p> <p>YOUR ADDRESS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>E-MAIL ADDRESS:</p> <p>_____</p> <p>YOUR TELEPHONE</p> <p>_____</p> | <p>NAME OF ACCOUNT HOLDER/S / COMPANY:</p> <p>_____</p> <p>BRANCH TELEPHONE</p> <p>_____</p> <p>BANK NAME / BRANCH ADDRESS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>SORT CODE: _____</p> <p>ACCOUNT NUMBER: _____</p> |
|---|---|

SECTION 2: STANDING ORDER DETAILS

| | |
|---|--|
| <p>RECIPIENT: Samye Foundation Wales</p> <p>BANK NAME: CO-OPERATIVE BANK PLC</p> <p>OUR SORT CODE – 08-92-99</p> <p>OUR ACCOUNT NUMBER – 65216868</p> <p>FIRST PAYMENT DATE _____</p> | <p>USUAL PAYMENT AMOUNT: _____</p> <p>USUAL PAYMENT AMOUNT IN WORDS:</p> <p>_____</p> <p>PAYMENTS ARE MADE UNTIL FURTHER NOTICE</p> <p>PAYMENTS ARE MADE MONTHLY</p> |
|---|--|

SECTION 3: YOUR AGREEMENT WITH US

I authorise you to debit my/our account, in accordance with the details in section 2. The request is addressed to the bank which holds my/our account:

Your Signature/s: _____ Date: _____