



# Standing Order Form

*Enter Name and Address of your Bank*

To: .....

Address: .....  
 .....  
 .....  
 .....  
 .....

Name of A/c to be debited: \_\_\_\_\_

Account Number: \_\_\_\_\_

Sort Code: \_\_\_\_\_

Reference No to be quoted if any: \_\_\_\_\_

***Please make the payments detailed below:***

Name of Payee: The Ner Yisrael Educational Trust  
 Payee's Bank: Allied Irish Bank (GB)  
 Grays Inn  
 100 Grays Inn Road  
 London WC1X 8AL

Quoting: ..... membership 2016/17  
*Please enter your Ner account number as found on the foot of statement*

Account Number: 00475083

Sort Code: 23-83-98

Amount: £

Date of first payment:  
 Monthly payments will continue indefinitely unless number of months is specified in box below

Number of Payments

Frequency of future payments: Monthly from the above date

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_