

## The William Temple Foundation Limited

Bank Regular Standing Order Form

Please complete the form below and return it to the address at the bottom of the page. Once we have received the completed form we will keep a photocopy and send the original standing order form to your bank so that they can process payments.

| Your name and address:                     |                      |                      |           |
|--|----------------------|----------------------|-----------|
|  |                      |                      |           |
|  |                      |                      |           |
|  |                      |                      |           |
| Your bank:                                 |                      |                      |           |
|  |                      |                      |           |
| Bank's address:                            |                      |                      |           |
|  |                      |                      |           |
|  |                      |                      |           |
| Your Account: Account no:.                 |                      | Sort Code:           |           |
| Division                                   |                      |                      |           |
| Please pay to:                             |                      |                      |           |
| NatWest Bank PLC, Manchester M1 1WR for th | • , ,                | Branch,19 Market     | Street,   |
| The William Temple Founda                  | tion Limited         |                      |           |
| Account No: 01007173                       | Sort Code 01-06-57   | 7                    |           |
| Quoting reference: WTF/                    |                      |                      |           |
| Amount (in words and figure                | s): The sum of £     |                      | (figures) |
|  |                      |                      | (words)   |
| on the                                     | day of               | (month)              | (year)    |
| and a like sum each year/qu                | arter/month/week* ur | itil further notice. |           |
| (* please delete as appropria              | ate)                 |                      |           |
| Signed:                                    |                      | Date:                |           |
| <b>5</b> 1 141 6                           |                      |                      |           |

Please send this form to:

The Accountant, The William Temple Foundation Ltd, C/O Atherden & Co. PO Box 660, ALTRINCHAM WA14 3UZ