## **STANDING ORDER FORM**

## **1** YOUR DETAILS

TITLE	FULL NAME
ADDRESS	
	POSTCODE:
TEL NO.	EMAIL
WISH TO SUPPO	ORT Area / Worker / Ministry / Project
2 BANK DETAILS	
NAME OF BANK	
ADDRESS	
ACCOUNT NAME	E (eg John Smith)
ACCOUNT NO.	CEF ref. for Bank use:
SORT CODE	
Dloaco nav Papl	k of Ireland, Main Street, Ballyshannon, Co Donegal, F94 W635
	Child Evangelism Fellowship of Ireland, BIC: BOFIIE2D IBAN: IE49B0FI90473958023539
This cancels al	Il existing standing orders to Child Evangelism Fellowship YES NO N/A
THE SUM OF	STARTING ON DD / MM / YYYY
AND THEN EACH	H MONTH QUARTER YEAR UNTIL FURTHER NOTICE
SIGNATURE	
3 NOTES	<ol> <li>Please complete all sections except for CEF ref. box.</li> <li>Please make your starting date at least 10 days after you send us this form.</li> <li>Please return to FINANCE DEPT, CHILD EVANGELISM FELLOWSHIP, 199 TEMPLEMORE AVENUE, BELFAST, BTS 4FR THANK YOU. Your giving is greatly appreciated.</li> </ol>

Child Evangelism Fellowship of Ireland is a registered company limited by guarantee (NI622619) and a charity. We are registered with the Charity Commission for Northern Ireland (NIC 100984) and the Charities Regulator in the Republic of Ireland (RCN 20201509).