

STANDING ORDER FORM

To the Manager: (Full name and address of your bank or building society)	
Postcode:	
Please pay: Ulster Bank, 11 – 16 De	onegall Square East, Belfast, BT1 5HD
Sort Code Number: 98 - 00 - 60	
Account Number: 52908134	
Account Name: South American Mi	ssion Society
	(in figures) (in words)
Commencing on:	(date) and continuing
thereafter monthly / quarterly / annu	ually until further notice.
Name of Account to be debited: _ Account Number: _ Address:	
Postcode: Signature:	

Please return completed form to:

SAMS House,1 Irwin Crescent, Lurgan, Craigavon BT66 7EZ

NI Charity Number: NIC 108306
SAMS House, 1 Irwin Crescent, Lurgan, Craigavon. BT66 7EZ
T: 028 3831 0144
E: office@samsireland.com
W: www.samsireland.com