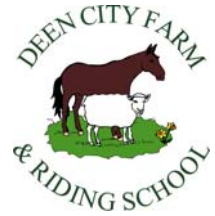


# PRE-AUTHORISED PAYMENT INSTRUCTION



Please complete all boxes where indicated with an asterisk (\*) or shaded and kindly return the form to the Farm for us to present to the Bank for them to process.

We are extremely grateful that you are willing to support the Farm on an on-going basis and thank you for your support.

**SECTION ONE - YOUR BANK & ACCOUNT DETAILS**

To\*  Bank (Your Bank Name)

Branch\*

Address\*

Account Name\*

Account No.\*  Sort Code\*  -  -

**SECTION TWO - STANDING ORDER INSTRUCTION**

Name of Beneficiary DEEN CITY FARM LTD

Beneficiary Ref\*  DCF DONATION - (Your Surname & Initial)

Beneficiary Sort Code  4  0 -  3  3 -  1  4 (Our Sort Code)

Beneficiary A/C No.  2  1  3  9  1  0  6  2 (Our Account Number)

Amount\* £  Amount in words\*

Date of FIRST Payment\*  /  /

Date of FINAL Payment\*  /  /  OR Until Further Notice (UFN)

Frequency of Payments\*  eg. Weekly, Monthly, Quarterly

Special Instructions\*

**SIGNED DECLARATION**

Signature(s)   
 More than one may be required for joint accounts

Date\*  /  /