

# Bankers Order Form

*For regular payments*

Mr/Mrs/Miss/Ms \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

**Pay Rock Ministries (NI) Trust A/C 62758539 Sort Code 95-02-77, Danske Bank**

Amount in Figures	Amount in Words

**Commencing 10th \_\_\_\_\_ and thereafter every 10th day of each month, until further notice and debit my/our account accordingly.**

My Account Number is 

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My Bank sort Code is 

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The Account Name(s) is (are) 

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Signature \_\_\_\_\_

Date \_\_\_\_\_

To Manager (My Bank Name & Address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this completed form to: Rock Ministries (NI) Trust  
1 Woodland Park  
Mountsandel  
COLERAINE  
BT52 1JG