



REGULAR PAYMENTS FORM FOR DONATIONS

PLEASE COMPLETE THE FOLLOWING BOXES AND RETURN THIS FORM TO YOUR BANK

Customer Account Details:

Account Name

Sort Code

Account Number

Beneficiary Account Details:

Account Name

Holidays for Heroes Jersey

Sort Code

40-25-33

Account Number

91854038

Date of first payment

Amount

Date of last payment

Frequency

(if ongoing, please state UFN - until further notice)

(weekly/monthly/annually)

Customer Signature(s)

Where signing mandate dictates both/all to sign, all parties must authorise instruction.

Contact Phone No

Date