

37/41 GROVE END ROAD, LONDON NW8 9NG

4 MARCH 2002

Office Hours: Sunday to Friday 10 am-1 pm
Office Tel: 020-7286 3838 Fax: 020-7266 2123
e-mail: sjwsyn@aol.com

To:.....BANK/BUILDING SOCIETY

Rabbi - Tel: 020-7289 6229
Chazan - Tel: 020-7483 1017
Youth Minister - Tel: 020-7286 8336
Beadle - Tel: 020-7266 5755
Community Services (Elderly Care) - Tel: 020-7286 9810

Dear Sir/Madam,

STANDING ORDER MANDATE

Please pay: NATIONAL WESTMINSTER BANK PLC, P.O. Box 83, TAVISTOCK HOUSE, TAVISTOCK SQUARE, LONDON WC1H 9XA.	FOR THE CREDIT OF SJW SO ACCOUNT A/c No. 54080770 SORT CODE: 60-80-07
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THE SUM OF £ [] per month for 6 months, commencing 19th MARCH 2002

QUOTING MY KEY No: [] AND DEBIT MY/OUR ACCOUNT

ACCORDINGLY ACCOUNT NAME: []

ACCOUNT No: []

SORT CODE: [] / [] / []

PLEASE CANCEL ANY PREVIOUS STANDING ORDER OR DIRECT DEBIT IN FAVOUR OF THE ABOVE BENEFICIARY, UNDER THIS REFERENCE.

Yours faithfully,

...../02.
AUTHORISED SIGNATURE(S)

Please PRINT NAME

DATE

MASTERCARD/VISA/DELTA/SWITCH AUTHORISATION

PLEASE DEBIT MY MASTERCARD/VISA/DELTA/SWITCH FOR THE SUM OF £ []

CARDHOLDER'S ACCOUNT No. []

START DATE [] / []

EXPIRY DATE [] / []

ISSUE No. []

CARDHOLDER'S NAME as stated on card. []

KEY No: []

(AS STATED ON ACCOUNT)

Authorisation No. []
FOR OFFICE USE ONLY
PLEASE LEAVE BLANK

...../02.
AUTHORISED SIGNATURE(S)

Please PRINT NAME

DATE

*** PLEASE RETURN THIS FORM TO THE SYNAGOGUE IN THE ENCLOSED ENVELOPE.**