

# Banker's Order.



Name and address of your Bank in CAPITALS.

To ..... Bank plc of  
.....  
.....

Post Code .....

PLEASE PAY to CafCash Ltd of PO Box 289, West Malling, Kent ME19 4TA Sort Code 40-52-40 for the credit of the CAF Gold Planned Giving Account 00088903.

Date when payments start

the sum of £..... (figures)  
.....(words)  
on the..... Day of.....20.... and a like amount every :-

Please complete as applicable and delete other options.

**MONTH / QUARTER / HALF YEAR / YEAR**  
**UNTIL FURTHER NOTICE AND DEBIT MY ACCOUNT WITH EACH PAYMENT WHEN MADE.**

Signature of donor

Signed .....  
Date .....

In block CAPITALS

Name of Account.....  
Account Number.....  
Address.....  
.....  
Post Code .....