Your Bank Name & Address

To the Manager				Please hand the form to you	
	Bank	Bra	nch title		Sort Code
Please pay	NATIONAL WESTMINSTER	CHELTENHAM BRANCH			60 – 05 – 16
	Beneficiary's Name				Account No.
For the credit of	EFGA Re St Helens				18536778
	Amount in figures	Amount in figures Amount in Words			
The sum of	£				
	Date of first payment		Due Da	te & Frequency	
commencing		and thereafter every			
<u>.</u>	Date & Amou	nt of last payment			***
* until		£		* until you receive further notice from me/us in writing	
quoting the reference		, ₄ 2	and debit my/our account accordingly		
		Direct Debit in favour of the	beneficiary n	amed above under thi	s reference
A	Account to be debited			Account Numb	per
Signature(s)			Date		

^{*} Delete as applicable