Standing order authority. Please send your form to:

I AM, 1114 Chester Rd., Stretford, Manchester, M32 0HL

To (name of your bank)

 Bank Address

Post code

Please pay to **ASGMA** the sum of:

£   (amount in figures and words – please print)

Commencing on:

Day:

Month:

Year:

and monthly/ quarterly/ annually* thereafter until further notice from me / us*

(* please delete as appropriate)

Your name(s)

Address:

Post code

Account number:

Account name:

Your signature: Date:

 For office use pay to:

Barclays Bank

Account name:

Account number:

Sort code: