Friends of Moorfields Eye Hospital

BANKER'S ORDER

When completed, please return this form to: **The Administrator, Friends of Moorfields, Moorfields Eye Hospital, 162 City Road, London EC1V 2PD**

Name of Your Bank: .....

Your Bank's Address: .....

.....

Post Code: .....

Sort Code: ☐☐-☐☐-☐☐ Account No. ☐☐☐☐☐☐☐☐☐☐

FOR BANK USE ONLY: Please pay to the account of **The Friends of Moorfields** (REGISTERED CHARITY NUMBER 1161546) at **Barclays Bank PLC, 155 Bishopsgate, London EC2M 3XA**

Sort code **20 – 77 – 75** Account number 50360910

Payment Reference: _____

The sum of **£**..... (in words: .....)

Date of First Payment .....and then

Annually / Quarterly / Monthly (please delete as appropriate) until further notice

Your signature .....Date: .....

Your Name .....

Address .....

.....

..... Post Code .....

THIS REPLACES ANY EXISTING BANKER'S ORDER IN FAVOUR OF THE FRIENDS OF MOORFIELDS