

Please complete this form and return it with a self addressed envelope to:

**Alison Allerton Stroke Services Co-ordinator, Western Trust
Bankers Order Form**

Your full name in
CAPITALS

I (Mr, Mrs, Miss or Title)

Your home
Address in CAPITALS

of

Postcode

Request that you pay to the Ulster Bank Ltd, 9/11
Church Road Hollywood, Co. Down, BT18 9BU
(sort-code 98-07-60) for the credit of NIMAST,
Account number 44112186

Amount to pay
Each year

FIFTEEN POUNDS (amount in words)

£15.00 (amount in figures)
yearly

Date when payments
Are to start (must be
After date of signature)

Starting on the 1st day of

Date of your signature

Your signature

Name & address of
Your bank in
CAPITALS

To (name of bank)

Of (address)

Postcode

Your account number
And branch sort-code
Of bank

Account number

Sort code number

For office use only: Ref **NIMAST**

In addition could you complete the details below for our own records:

NAME _____

WORK ADDRESS _____

TRUST _____

E-MAIL ADDRESS _____

PROFESSION _____

Thank you,

NIMAST Committee