



BATH – BRAUNSCHWEIG TWINNING ASSOCIATION



BANKER'S ORDER

Name and address
of your bank

To The Manager of.....Bank Plc

Address.....

.....

Sort Code of your
bank

Sort Code - -

Please pay to the Bath – Braunschweig Twinning Association at Metro Bank,
18-19 Stall Street Bath BA1 1QB, Sort Code 23-05-80, Account No 42647705

The Sum of £.....(.....)
(figures) (words)

Commencing on the.....**day of 20..... and the like sum
annually and debit my account with each payment when paid.
(*this date should be at least 2 weeks **after** you send the forms)

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

Address.....

Account Name.....

Account No.....

Reference

Please could you put your name in the reference field for identification purposes.

Please return your completed form to:- (By Post or Email)

The Hon.Treasurer – Bath-Braunschweig Twinning Association

Mr A. Horstmann
9 Kensington Gardens
Bath BA1 6LH

email: horstmann5@btinternet.com