## STANDING ORDER FORM



To Address	name of bank or l	ouilding society			
Please pay	e pay Barclays Bank PLC 27-28 Regent Street Swindon		Sort Code: A /C Name: A /C No:	Gateway Church Swindon	
The sum of	£		amount in word	amount in words	
Commencing	date of first paym	ent	and thereaft	and thereafter every	
Quoting ref:		urname and initials here	•	and debit my / our account accordingly, until you receive further notice.	
	CTION CANCEL ER THIS REFER		ORDER IN FAVO	UR OF THE BENEFICIARY NAMED	
Account to be	e debited			·····	
Account Num	ber				
Sort Code		- [	-		
Signature(s)			Date		

## **DATA PROTECTION:**

We will process your data for carefully considered and specific purposes which are legitimate interests, including to administer and contact you regarding your giving and gift aid. We will not use it for marketing purposes without your explicit consent. We will ensure we always keep your personal data secure. For more information about how we use personal data and when we may process your information, go to **gcswindon.org.uk/privacy**. You have the right to object to this processing if you wish, and if you want to do so, email us: **info@gcswindon.org.uk**.