From

To

The Branch Manager,
Union Bank of India,
……..

Sir,

Sub:- Standing Instruction for transferring amounts to A/c No: **339002010011670**

of **ST.JAMES RENAL CARE MISSION**

Kindly register the following Standing Instructions for debiting SB A/c ……..

…….. in the name of ……

Remitted to :

Sl . No.	Bank SB Account No.	Name of Bank Account Holder	Monthly Amount	Starting Date	Ending Date
1.	339002010011670 IFSC : UBIN0533904 Br: Chalakudy	St. James Hospital			

NAME & SIGNATURE:

DATE: