

## STRATFORD-ON-AVON GLIDING CLUB LTD

## **BALANCE TRANSFER AUTHORISATION**

Balance Transf	er Details: (Please complete all sections)	Date:	JJ
My Name:		Membership No:	
Transfer To:		Membership No:	
Amount	£		
(In Words)			
I authorise the Club Bursar to debit my account with the amount shown above, and to credit the account of the member named in the 'Transfer To' section.			
	Signature:		
For Club Bursar Use:			
Entered By:		Date:	11
Stratford-on-Avon Gliding	g Club	Fo	rm SGC-51 (December 2006)



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