



GOVERNMENT OF BERMUDA

Ministry of Finance

**The Bermuda Post Office
Philatelic Bureau**

STANDING ORDER DEPOSIT FORM

I would like to open a new subscription. (*Minimum Deposit \$30.00*)

I would like to add to my subscription.

I would like to change my subscription.

Account No: _____

SUBSCRIPTION	REQUIREMENTS	QUANTITY
Set(s)	<input type="checkbox"/> Mint <input type="checkbox"/> CTO	
Gutter Pair	<input type="checkbox"/> Mint <input type="checkbox"/> CTO	
Gutter Block	<input type="checkbox"/> Mint <input type="checkbox"/> CTO	
Plate Block	<input type="checkbox"/> Mint <input type="checkbox"/> CTO	
Strip of Ten	<input type="checkbox"/> Mint <input type="checkbox"/> CTO	
Half Sheet <input type="checkbox"/> Sheet <input type="checkbox"/>	<input type="checkbox"/> Mint <input type="checkbox"/> CTO	
Official FDC		
Booklets	<input type="checkbox"/> Mint <input type="checkbox"/> CTO	
Souvenir Sheets	<input type="checkbox"/> Mint <input type="checkbox"/> CTO	
Other (<i>Specify</i>):		



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ACCOUNT DETAILS

FOR ACCOUNT HOLDER:

STANDING ORDER - NOT ACCOUNT HOLDER :

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Signature: _____

DEPARTMENTAL USE ONLY

Date Received: _____

Payment Amount: _____

Payment Type: () *Cash* () *Cheque* () *Visa Card* () *Master Card* () *Amex*

Card #: _____

Expiry Date: _____

CV# _____

Clerk's Name (*print*)

Post Office Branch