



Standing Order Mandate



Please complete this form in **BLOCK CAPITALS**

To: _____ Bank Sort Code

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(Full address)

Branch

A. Your details:

Account Name _____ Account Number

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B. Organisation you wish to pay

Name of Organisation **Haverstock Fencing Club**

Bank and Branch Name **National Westminster Bank, Victoria, SW1**

Account Number

8	0	9	8	5	5	2	1
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Sort Code

5	1	5	0	1	4
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Reference to be quoted (if any) _____

C. About the Payment

Amount Details

Amount of payment £ **55.00**

Amount of normal payments in words **Fifty Five pounds**

When Paid

Day or date of payments _____ Frequency **Monthly**
(eg Friday, 1st, 30th May)

Commencing _____ Now / ____ / ____ / ____ (Delete as appropriate)

Until further notice

D Confirmation

- (i) make any reference to Value Added tax, or other indeterminate element
- (ii) advise payer's address to beneficiary
- (iii) advise beneficiary of inability to pay
- (iv) request beneficiary's banker to advise beneficiary of receipt

Bank Use Only	
Keyed by <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> (initials)	
Date _____	

Customer[s] Signature[s] _____

Date _____

Served by _____ at _____ Branch

ITS No

External No