



Standing Order Mandate



Please complete this form in **BLOCK CAPITALS**

To: _____ Bank Sort Code

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

(Full address)

Branch

A. Your details:

Account Name _____ Account Number

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

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 |
|---|---|---|---|---|---|---|---|

Sort Code

| | | | | | |
|---|---|---|---|---|---|
| 5 | 1 | 5 | 0 | 1 | 4 |
|---|---|---|---|---|---|

Reference to be quoted (if any) _____

C. About the Payment

Amount Details

Amount of payment £ **40.00**

Amount of normal payments in words **Forty 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 <input type="text"/> | (initials) |
| Date _____ | |

Customer[s] Signature[s] _____

Date _____

Served by _____ at _____ Branch

ITS No

External No