

# STANDING ORDER MANDATE

To ..... Bank

Address .....

.....

.....

	BANK	BRANCH TITLE (NOT ADDRESS)	SORTING CODE NO.
Please pay			- -

	ACCOUNT NUMBER
For the credit of	

† The sum of	

Commencing	and thereafter every	

* Until Quoting the reference	£	* Until you receive further notice from me/us in writing. and debit my/our account accordingly.

Please cancel any previous standing order or direct debit in favour of the beneficiary named above under this reference.

SPECIAL INSTRUCTIONS	
ACCOUNT TO BE DEBITED	ACCOUNT NUMBER

Signature(s) .....

Date .....

- Note: The Bank will not undertake to:
- (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.

\* Delete if not applicable.

† If the amounts of the periodic payments vary, they should be incorporated in a schedule overleaf.