STANDING ORDER MANDATE

My Bank Details: Bank/Building Society:			
Address:			
•			
Account in the Name (s) of:			
Account Number:		_Sort Code:	
Instruction Details:			
Does this Authority replace an existing Standing Order? YES/NO			
If yes, please give details:			
Payment to:	ST LAWRENCE RC C	HURCH	
Reference:	GIFT AID		
Bank:	NATIONAL WESTMI	NSTER Branch:	SIDCUP
Sort Code:	60-19-19	Account No.	51592258
Payment Details:			
Amount of First Payment:		Date of First Payment:	
Amount of Usual Payment:	£		
Amount of Usual Payment in words:			
Frequency of Payment: (Weekly, monthly, annually etc)			
Date of Payment (e.g. 1st of each month)			
CUSTOMERS SIGNATURE:			
TELEPHONE NO.:	*	DATE:	
The bank will not undertake to:- m element. (ii) advise payer's address request beneficiary's banker to adv as soon after the specified date as t specified date.	s to beneficiary. (iii) advis	e beneficiary of inability to payment. (v) accept inst	o pay. (iv) ructions to pay