

Standing Order Mandate

The **co-operative** bank

To Bank

Address

Please pay CO-OPERATIVE Bank COMMUNITY DIRECT PLUS Branch Title (Not Address) 08-92-99 Sorting Code No

For the credit of FYNSFORD VILLAGE HALL Beneficiary's Name

6	5	2	6	6	9	5	7	0	0
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Account Number and Type

The sum of First Payment £

Amount in Figures

Amount in Words

Commencing *(date) 1st of NOW £ and thereafter every 1st of MONTH Due Date and Frequency

*Until £ *Until you receive further notice from me/us in writing
Date and amount of Last Payment

Quoting Reference and debit my/our account accordingly
(OPTIONAL)

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

Sort Code

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Account Number

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Signature(s)

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

Date

Note: Please ensure signed in accordance with account mandate

* Delete if not applicable † If the amounts of the periodic payments vary they should be incorporated in a schedule overleaf