STANDING ORDER MANDATE

|  |  |
| --- | --- |
| **To:** | **The Manager** |
| **Bank name:**  **Bank address:** |  |
| **Please pay:** | **Scarborough Disabled Swimming Group** |
| **Account Number: 20252566**  **Sort Code: 60 – 83 – 01** |
| **Quoting reference:**  **( “FD.” followed by your full name)** | **FD** |
| **The sum of (in numbers and words):** |  |
| Commencing on the \_\_\_\_\_\_\_\_\_ day (eg 1st) of\_\_\_\_\_\_\_\_\_\_in the year \_\_\_\_\_\_\_\_\_and thereafter every month until further notice and debit my account accordingly. | |
| **Account name to be debited:** |  |
| **Account number:** |  |
| **Sort code:** |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send the completed form to your bank or building society**