

NEW STANDING ORDER MANDATE

NAME OF BANK:

ADDRESS OF BANK:

To

*

Serial Number

--	--	--	--

Please make payments as detailed below.

PLEASE COMPLETE THE FOLLOWING IN ALL CASES

Account to be debited	Sort Code number □□ - □□ - □□	Account number □□□□□□□□
Account to be credited BILLINGE ST AIDAN'S PTA	Sort Code number 05 - 07 - 44	Account number 70554511

PLEASE COMPLETE ALL AREAS

Bank YORKSHIRE BANK	Branch title (not address) ST HELENS
Reference to be quoted NONE	Frequency of regular payment EVERY MONTH
Immediate payment required? YES /NO*	Amount of immediate payment £ NONE
= Amount of regular payment £	Amount of regular payment in words
Date of next regular payment ASAP	Tax relief applicable? YES/NO*
Date of final payment LIFN	Amount of final payment £ NONE

*until you receive further notice from me/us in writing and debit my/our account accordingly.

* Signature(s)

* Date

* Delete as appropriate

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

Please detail any special instructions overleaf

PLEASE COMPLETE ALL SECTIONS HIGHLIGHTED WITH *

THANKS