

# NEW STANDING ORDER MANDATE

NAME OF BANK:

ADDRESS OF BANK:

To

\*

Serial Number

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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? <del>YES</del> /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