

The **co-operative** bank
good with money

To Bank

Address

Please pay THE CO-OPERATIVE BANK ST ALDATE STREET, GLOUCESTER 08-90-41
Bank Branch title (not address) Sorting code no.

For the credit of STROUD VALLEYS PROJECT

6	5	0	1	3	8	2	5	X	0	0
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Beneficiary's name Account number and type

*The sum of first payment £
Amount in figures Amount in words

Commencing *(date) /*NOW £ and thereafter every
Date of first payment Due date and frequency

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

Quoting the reference 100 Club and debit my/our account accordingly

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

Account number

Signature(s)

Date

Note: Please ensure signed in accordance with account mandate

- 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

* Delete if not applicable

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