

STANDING ORDER MANDATE



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 Ltd

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Beneficiary's Name Account Number & Type

† The sum of First Payment £ Amount in Figures Amount in Words

Commencing *(date) / *NOW £ and thereafter every
Date of First Payment Due Date & Frequency

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

Quoting the reference Friend 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

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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