

STANDING ORDER MANDATE

Please hand in / post this mandate to your own bank
Or, if you have online banking complete the details online with your bank

PLEASE TICK RELEVANT BOX:-

NEW INSTRUCTION
PLEASE AMEND PREVIOUS STANDING ORDER
QUOTING REFERENCE / BENEFICIARY

ACCOUNT TO BE DEBITED		BENEFICIARY DETAILS	
BANK	<input type="text"/>	BANK	<input type="text" value="BARCLAYS"/>
SORT CODE	<input type="text"/>	BRANCH DETAILS	<input type="text" value="YEOVIL"/>
ACCOUNT No.	<input type="text"/>	SORT CODE	<input type="text" value="2 0 9 9 4 0"/>
ACCOUNT NAME	<input type="text"/>	ACCOUNT NUMBER	<input type="text" value="7 0 5 8 4 3 3 9"/>
		BENEFICIARY NAME	<input type="text" value="FAA BUCCANEER ASSOCIATION"/>
		REFERENCE	<input type="text" value="MEMBERSHIP"/>

PAYMENT DETAILS			
AMOUNT OF FIRST PAYMENT	£ <input type="text" value="10 - 00"/>	DATE OF FIRST PAYMENT	<input type="text"/>
AMOUNT OF USUAL PAYMENT	£ <input type="text" value="10 - 00"/>		
AMOUNT OF USUAL PAYMENT IN WORDS	<input type="text" value="TEN POUNDS"/>		
WHEN PAID (WEEKLY, MONTHLY, ANNUALLY, ETC)	<input type="text" value="ANNUAL"/>	DATE OF USUAL PAYMENT	<input type="text"/>
COMPLETE EITHER AMOUNT OF LAST PAYMENT	£ <input type="text" value="N/A"/>	AND DATE OF LAST PAYMENT	<input type="text"/>
OR, PLEASE CONTINUE PAYMENTS UNTIL FURTHER NOTICE	<input checked="" type="checkbox"/>	YES	

CUSTOMER SIGNATURE(S)	<input type="text"/>	DATE	<input type="text"/>
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CUSTOMER CONTACT TELEPHONE NUMBER

**ALL RELEVANT BOXES MUST BE COMPLETED IN ORDER FOR
THE STANDING ORDER TO BE PROCESSED**