



## Standing Order Mandate

Customer Bank Branch Address:

PLEASE TICK RELEVANT BOX:

NEW INSTRUCTION

PLEASE AMEND PREVIOUS STANDING ORDER  
QUOTING REFERENCE/BENEFICIARY

Account to be debited	Beneficiary details
<p><b>SORT CODE</b> <input type="text"/></p> <p><b>ACCOUNT NUMBER</b> <input type="text"/></p> <p><b>ACCOUNT NAME</b> <input type="text"/></p>	<p><b>BANK</b> <input type="text" value="HSBC"/></p> <p><b>BRANCH DETAILS</b> <input type="text" value="HORROGATE, HG1 1RN"/></p> <p><b>SORT CODE</b> <input type="text" value="40-23-12"/></p> <p><b>ACCOUNT NUMBER</b> <input type="text" value="42280116"/></p> <p><b>REFERENCE</b> <input type="text" value="DONATION"/></p> <p><b>BENEFICIARY NAME</b> <input type="text" value="MOOR-VIEW DOG RESCUE"/></p>
Payment details	

**AMOUNT OF FIRST PAYMENT**  **DATE OF FIRST PAYMENT**

**AMOUNT OF USUAL PAYMENT**  **USUAL PAYMENT DATE**

**AMOUNT OF USUAL PAYMENT (IN WORDS)**

**PERIOD OF USUAL PAYMENT**

PLEASE CONTINUE PAYMENTS UNTIL FURTHER NOTICE  OR FINAL PAYMENT DATE

**CUSTOMER SIGNATURE(S)**  **DATE**

**CUSTOMER CONTACT NUMBER**

ALL WHITE BOXES MUST BE COMPLETED IN ORDER FOR THIS MANDATE TO BE PROCESSED

\*PLEASE COMPLETE THIS STANDING ORDER AND TAKE IN TO YOUR BANK

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