

Standing Order Mandate

please complete in block capitals and black ink and return to the above address

1. Details of you and your account from which payments will be made

<p>Account name (s)</p> <input type="text"/> <input type="text"/>	<p>Bank</p> <input type="text"/> <p>Branch</p> <input type="text"/> <p>Account number</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>Sort code</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>Address (Including Postcode)</p> <input type="text"/> <input type="text"/>	<p>Telephone</p> <input type="text"/> <p>Email</p> <input type="text"/>

2. Details of the account to which payments will be made

<p>Account name</p> <input type="text" value="Primrose Hospice Ltd"/> <p>Reference</p> <input type="text" value="PH Reg Giving"/>	<p>Bank</p> <input type="text" value="Lloyds Bank"/> <p>Branch</p> <input type="text" value="112 High Street, Bromsgrove B61 8EZ"/> <p>Account number</p> <input type="text" value="00846878"/> <p>Sort code</p> <input type="text" value="309136"/>
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3. Payment details

<p>Regular amount (in figures)</p> <p>£ <input type="text"/></p> <p>Date of first payment</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>d</td><td>d</td> <td>m</td><td>m</td> <td>y</td><td>y</td> </tr> </table> <p>a) Date of final payment</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>d</td><td>d</td> <td>m</td><td>m</td> <td>y</td><td>y</td> </tr> </table> <p>OR</p> <p>b) Number of payments</p> <input type="text"/> <p>OR</p> <p><input type="checkbox"/> c) Continue payments until cancelled in writing (mark the box with an X)</p>	d	d	m	m	y	y	d	d	m	m	y	y	<p>Frequency (mark one box with an X)</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Quarterly <input type="checkbox"/> Annually</p> <p>Other instructions:</p> <input type="text"/>
d	d	m	m	y	y								
d	d	m	m	y	y								

4. Signature(s)

Signature

Second signature
(if joint account)

Date

d	d	m	m	y	y	y	y
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