



Mary Ward Centre STANDING ORDER MANDATE

CUSTOMER DETAILS

Account Name															
Bank/Building Society and Branch Name															
Account Number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									Sort Code <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						

COMPANY DETAILS

Name of Organisation	MARY WARD CENTRE								
Bank and Branch Name	THE CO-OPERATIVE BANK – HOLBORN BRANCH								
Account Number	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">5</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">8</td><td style="width: 20px; height: 20px;">4</td><td style="width: 20px; height: 20px;">8</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">9</td></tr></table>	6	5	0	8	4	8	0	9
6	5	0	8	4	8	0	9		
Sort Code	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">8</td><td style="width: 20px; height: 20px;">9</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">1</td></tr></table>	0	8	9	0	6	1		
0	8	9	0	6	1				

PAYMENT DETAILS

Amount of first payment (if different) £	Amount of normal payment £
Amount of normal payment in words	
Day or date of payments	Frequency (eg weekly, monthly)
Commencing ___/___/___	
Total number of payments <input type="checkbox"/> or Expiry date ___/___/___ or Until further notice <input type="checkbox"/>	

CONFIRMATION

<p>I/we acknowledge the Bank will not undertake to:</p> <ul style="list-style-type: none"> a. Make any reference to Value Added Tax or other indeterminate element b. Advise payer's address to beneficiary c. Advise beneficiary of inability to pay d. Request beneficiary's bank to advise beneficiary of receipt. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 40px; vertical-align: top;">Customer(s) Signature(s)</td> </tr> <tr> <td style="height: 40px; vertical-align: top;">Date</td> </tr> </table>	Customer(s) Signature(s)	Date
Customer(s) Signature(s)			
Date			