

# Standing Order Authority

## Standing Order Mandate

For internal use only

Name of Organisation

Bank Name and Address

Account Number

Sort Code

Reference *(if any)*

### Payment Details

Amount of first payment £

Date of first payment

Amount of regular payment £

Date of regular payment

Amount of regular payment in words

Frequency of regular contributions      Monthly       Quarterly       Annually

Please quote reference *(if any)*

Please continue until further notice      Yes       No

or

Amount of final payment *(if applicable)* £

Date of final payment *(if applicable)*

### Account Holder Details

Bank Name

Account Name

Bank Address

Account Number

Sort Code

### Account Holder Signature

Please debit my/our account according to the above instructions.

Member's Signature

Date