

Standing Order Mandate

Account name (Name on Account)

Account number

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Sort code

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Name of bank or building society

Bank or building society address

Postcode

Payment Details

Regular amount (in figures)

£

Date of First Payment:

D	D	M	M	Y	Y	Y	Y
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Authorised Signature:

Regular pay date
For S/O

D	D
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S/O Payment Reference
(For office use only)

To be paid each month until further notice

Member Join Date

D	D	M	M	Y	Y	Y	Y
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Payee Details

Account name

For and on behalf of The Crichton Trust - Neuro's

Account number

0	0	7	2	7	5	7	8
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Sort code

8	3	1	8	0	6
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Name of bank or building society

Branch Address