

Standing Order Mandate

Please complete and send to your bank

To: _____ Bank

Full Address _____

New Instruction Please amend previous standing order quoting reference/beneficiary (Please tick relevant box)

Account to be Debited _____

Sort Code

--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--

Account Name

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Beneficiary Details _____

Bank Lloyds TSB

Branch Tunbridge Wells

Sort Code

3	0	9	8	7	7
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Account Number

0	1	7	6	6	7	5	1
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Beneficiary Name - St Augustine's Catholic School

Reference - Governors' Fund

Payment Details

Amount of First Payment £ _____

Date of First Payment _____

Amount of usual Payment £ _____

Amount in Words _____

When paid _____
(Weekly, monthly, annually)

Date of usual payment _____

Complete either A. or B.

A. Amount of final payment £ _____

Date of Final payment _____

B. Please continue payments until further notice

Yes (please tick)

Signature _____ Date _____

Contact Telephone Number _____