

**STANDING ORDER MANDATE**



To \_\_\_\_\_ Bank

Address \_\_\_\_\_

Please pay The Co-operative Bank  
Bank

ISLINGTON  
Branch Title (Not Address)

08 - 90 - 61  
Sorting Code No.

For the credit of The Harkness Fellows Association  
Beneficiary's Name

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 2 | 3 | 9 | 6 | 9 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Account Number & Type

† The sum of First Payment £ \_\_\_\_\_ Amount in Figures  
\_\_\_\_\_ Amount in Words

Commencing \*(date) \_\_\_\_\_ /\*NOW £ \_\_\_\_\_ and thereafter every \_\_\_\_\_  
Date of First Payment Due Date & Frequency

\* Until \_\_\_\_\_ £ \_\_\_\_\_ \* Until you receive further notice from me/us in writing  
Date & Amount of Last Payment

Quoting the reference \_\_\_\_\_ and debit my/our account accordingly

Please cancel any previous standing order or direct debit in favour of the beneficiary named above under this reference.

Special Instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Account to be Debited  
\_\_\_\_\_ Sort Code \_\_\_\_\_ Account Number

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Note: Please ensure signed in accordance with account mandate

Note: The Bank will not undertake to:  
(i) make any reference to Value Added Tax or other indeterminate element  
(ii) advise payer's address to beneficiary  
(iii) advise beneficiary of inability to pay  
(iv) request beneficiary's banker to advise beneficiary of receipt

\* Delete if not applicable

† If the amounts of the periodic payments vary they should be incorporated in a schedule overleaf