

**STANDING ORDER MANDATE**



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

Address \_\_\_\_\_

Please pay The Co-operative Bank Southampton Row 08 - 90 - 61  
*Bank Branch Title (Not Address) Sorting Code No.*

For the credit of Harkness Fellows Ass. Trans Trust

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|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 2 | 3 | 9 | 6 | 9 | X | 0 | 0 |
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*Beneficiary's Name Account Number & Type*

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

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

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

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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ 

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*Sort Code*

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*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