

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
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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

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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