

Standing Order Mandate

The **co-operative** bank


To Bank

Address

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Please pay THE CO-OPERATIVE BANK SKELMERSDALE 08-92-99
Bank Branch Title (Not Address) Sorting Code No

For the credit of FLCGB
Beneficiary's Name

6 5 5 5 6 8 5 8  0 0
Account Number and Type

The sum of First Payment £
Amount in Figures

.....
Amount in Words

Commencing *(date) 01-01-2013 NOW £ and thereafter every 1ST JAN
Due Date and Frequency

*Until £
Date and amount of Last Payment *Until you receive further notice from me/us in writing

Quoting Reference MEMBERSHIP 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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Account to be Debited

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Signature(s)

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

Date

Note: Please ensure signed in accordance with account mandate
* Delete if not applicable † If the amounts of the periodic payments vary they should be incorporated in a schedule overleaf