

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 The Harkness Fellows Association

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) _____ **/*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 _____

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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