

THE CO-OPERATIVE BANK

Standing Order Mandate Form

To.....Bank

Address:

Please pay: **CO-OPERATIVE BANK, OLYMPIC HSE, SALFORD**

08-92-50

Bank

Branch Title (Not Address)

Sorting Code No.

For the Credit of: **CROWNSAVERS**

6	7	0	0	3	0	2	4	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:

Account to be Debited

Sort Code

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Account Number

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Signature (s)

Print Name

Date: _ / _ / _

Note

FORM SO154 (01/00)

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.