

Standing Order Mandate

Please complete this form in **Block Capitals**

To _____ Bank Sort Code

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 _____ Branch
 (Full Address)

A. Customers Details

Account Name _____ Account Number

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 Tel No—Work _____ Tel No—Home _____

Please set up the following Standing Order and debit my/our account accordingly

B. Person/Organisation you wish to pay

Name of Person/Organisation :- Woof Beginnings															
Bank or Branch Name :- Barclays Bank Southport Lord Street Branch															
Account number :- <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">9</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>	4	3	3	4	4	2	9	0	Sort Code :- <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">8</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">3</td></tr></table>	2	0	8	0	3	3
4	3	3	4	4	2	9	0								
2	0	8	0	3	3										
Reference to be quoted (if any) :-															

C. About the Payment

Amount Details

Amount of First Payment (If different) £	Amount of Normal Payment £
Amount of normal payment in words	
Amount of final payment (If different) £	

When Paid

Date of payment :-		Frequency :- weekly / monthly / yearly	
Commencing		Now / ____/____/____	
Total number of payments		or Expiry Date ____/____/____	or until further notice
Special Instructions			

D. Confirmation

I/We acknowledge the Bank will not undertake to :
 (i) make any reference to Value Added Tax or other Indeterminate element
 (ii) advise payer's address to the beneficiary
 (iii) advise beneficiary of inability to pay
 (iv) request beneficiary's banker to advise beneficiary of receipt

Bank Use Only		
Keyed by <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 40px; height: 20px;"></td></tr></table>		(initials)
Date _____		

Customer(s) Signature(s) _____
 Date _____
 Served by _____ of _____ Branch
 External No _____