

Standing Order Mandate

The co-operative bank

To _____ (Your Bank)

Address _____

Please Pay **The Co-operative Bank SORT CODE 08-92-99**

For the Credit of IYN

6	5	3	0	9	9	6	6		0	0
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Account Number and Type

The Sum of First Payment **£25 Twenty Five Pounds**

Commencing **NOW**

and thereafter every year (twelve months) until you receive further notice from me/us in writing

Quoting Reference _____ (your name here please)
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: The Bank will not undertake to:

1. Make any reference to Value Added Tax or other indeterminate element;
2. Advise payer's address to beneficiary;
3. Advise beneficiary of inability to pay;
4. Request beneficiary's banker to advise beneficiary of receipt.

Note: Please ensure signed in accord with account mandate