

## Standing Order Mandate

Please note that this form is not to be used for amending existing payments - Use a Standing Order Amendment Form (NWB1665)

Please complete this form in **BLOCK CAPITALS**

To \_\_\_\_\_ Bank      Sort Code     
 \_\_\_\_\_ Branch

(Full address)

### A Customer's Details

Account Name \_\_\_\_\_ Account Number          
 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	FOXES NETBALL CLUB		
Bank and Branch Name	NATWEST (SHIRLEY BRANCH)		
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sort Code	<input type="text"/> <input type="text"/> <input type="text"/>
Reference to be quoted (if any)			

### C About the Payment

Amount Details (if the amount of the periodic payments vary they should be incorporated in a schedule overleaf)

Amount of first payment (if different) £	Amount of normal payment £
Amount of normal payment in words	
Amount of final payment (if different) £	

**When Paid** (Please note: Payment to an account held at NatWest will normally be received by the beneficiary on the nominated payment date. Payment to an account held at a different bank will be received by the beneficiary 3 working days after your nominated payment date.)

Day or date of payments <small>(eg Friday, 1st, 30th May)</small>	1st OF MONTH	Frequency <small>(eg weekly, monthly, yearly)</small>	MONTHLY
Commencing	Now / /	<small>(Delete as appropriate)</small>	
Total number of payments	<input type="text"/>	or Expiry date	/ / or Until further notice <input checked="" type="checkbox"/>
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 beneficiary  
 (iii) advise beneficiary of inability to pay  
 (iv) request beneficiary's banker to advise beneficiary of receipt

<b>Bank Use Only</b>
Keyed by <input type="text"/> (initials)
Date _____

Customer(s) Signature(s) \_\_\_\_\_  
 Date \_\_\_\_\_  
 Served by \_\_\_\_\_ at \_\_\_\_\_ Branch  
 ITS No \_\_\_\_\_ External No \_\_\_\_\_