



# Standing Order Mandate

Name of Bank.....

Account Holder(s) Name .....

Address .....

Account Holder Address.....

.....

.....GIFT AID DONATION

Please tick relevant box:

New Instruction

Please amend previous Standing Order quoting reference/beneficiary

### ACCOUNT TO BE DEBITED

SORT CODE

ACCOUNT NUMBER

ACCOUNT NAME

### BENEFICIARY DETAILS

BANK

BRANCH DETAILS

SORT CODE

ACCOUNT NUMBER

IBA

BIC

SERVICE TAKEN

BENEFICIARY NAME

REF. Your surname

### PAYMENT DETAILS

AMOUNT OF FIRST PAYMENT £

DATE OF FIRST PAYMENT

AMOUNT OF USUAL PAYMENT £

AMOUNT OF USUAL PAYMENT IN WORDS

TO BE PAID  MONTHLY  QUARTERLY  ANNUALLY

COMPLETE EITHER:

AMOUNT OF LAST PAYMENT £

& DATE OF LAST PAYMENT

OR PLEASE CONTINUE PAYMENT UNTIL FURTHER NOTICE

CUSTOMER SIGNATURE(S) ..... DATE

CUSTOMER CONTACT TELEPHONE NO:

*All boxes must be completed in order for the standing order to be processed*

**Return address – Pastures New Racehorse Rehabilitation Limited, Lane Foot Farm, Ealees, Littleborough, Rochdale OL15 0HJ, England, United Kingdom – Tel. 00 44 (0) 1706 376311**