

STANDING ORDER MANDATE

Name of your bank: _____

Branch Address: _____

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: BARCLAYS BANK
BRANCH DETAILS: St James Street, Derby DE1 1QT
SORT CODE: 20-25-85
ACCOUNT NUMBER: 13105601
BENEFICIARY NAME: RELATE DERBY AND SOUTHERN DERBYSHIRE – Gift Aid Account
REFERENCE: FRIENDS OF RELATE

PAYMENT DETAILS

DATE OF PAYMENT

AMOUNT OF PAYMENT: £

AMOUNT OF PAYMENT IN WORDS

WHEN PAID
(WEEKLY, MONTHLY ETC)

COMPLETE EITHER:

DATE OF LAST PAYMENT

OR

PLEASE CONTINUE PAYMENTS UNTIL FURTHER NOTICE
 YES (tick to confirm yes)

SIGNATURE

DATE

CONTACT TELEPHONE NUMBER

**PLEASE RETURN COMPLETED FORM TO:
RELATE DERBY AND SOUTHERN DERBYSHIRE, 62 FRIAR GATE, DERBY, DE1 1DJ**