Standing Order Mandate Chin Deve		owa opment
My Bank:		
Bank Addres	ss:	
Please pay by banker's standing order, cancelling any previous instructions regarding this recipient:		
To (Bank) N	lame:	
Sort Code:		
Account Nur	mber:	
Name of Account:		
Amount (Fig	gures) £	
Amount (Wo	ords)	
Date of First	t Payment:	
Payment Du	ue Date:	
Frequency:		
Until further notice and debit my account:		
Name of my	/ Account:	
Sort Code:		
Account Nur	mber:	
I hereby aut from my acc	thorise my bank to set-up this standing order paymencount:	nt
Signed:	Date:	
Name:		
Address:		
Telephone:	Mobile:	
E-mail:		