

Standing Order Mandate

Please complete this form in **BLOCK CAPITALS** and send to your bank

To: _____ Bank Sort Code:

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 Branch: _____
 Address: _____

A Customer's Details

Account Name _____ Account No.

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 Tel No – Day _____ Tel No – Eve _____

Please set up the following Standing Order and debit my / our account accordingly:

B Person / Organisation you wish to pay

Pay to	PERTH CITY SWIM CLUB														
Bank & Branch Name	ROYAL BANK OF SCOTLAND, PERTH CHIEF OFFICE														
Account Number	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">7</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">5</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">7</td></tr></table> Sort Code: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">8</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">7</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>	0	0	7	3	4	5	0	7	8	3	4	7	0	0
0	0	7	3	4	5	0	7								
8	3	4	7	0	0										
Reference (if any) e.g. Family name															

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

When Paid:

Day or date of payments (e.g. 1 st of month)		Frequency (weekly, monthly, quarterly)	MONTHLY
Date of first payment	_ / _ / _.		
Total number of payments		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

Customer(s) Signature(s) _____

Date ____ / ____ / ____

Bank Use Only	
Keyed by <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> (initials)	
Date _____	
Served by _____ of _____ branch	
External No _____	