



Standing Order Mandate

Name (block capitals): _____

Address: _____ Telephone: _____

_____ Post code: _____

My bank name: _____

My banks postal address: _____

Please pay by banker's standing order until further notice

Bank:

LLYDS BANK

Account name:

Samasons Relief Aaska

Sort code:

30-90-89

Account number:

73493368

Amount (Figure/words):

Start date of first payment:

Frequency:

Monthly

Account Holder Name:

Sort code:

_____ - _____

Account number:

I hereby authorise you to set-up this standing order payment on my account.

Date: / /

Signed: