

***New/Amended/Cancelled
Standing Order Mandate**

To: Please post this completed form back to your bank

Please/*make payments/*amend the existing payments/*cancel the existing payments/as detailed below.

PLEASE COMPLETE THE FOLLOWING IN ALL CASES		
Account to be debited	Sort Code number	Account number
	□□-□□-□□	□□□□□□□□
Account to be credited	Sort Code number	Account number
Hope 4 Kidz	2 0 – 8 3 – 7 3	5 0 6 8 3 6 1 2

IF NEW – PLEASE COMPLETE ALL AREAS IF AMENDMENT – PLEASE COMPLETE ONLY THE AREAS TO BE AMENDED	
Bank Name	Bank Address
Reference to be quoted	Frequency of regular payment
Immediate payment required? YES/NO*	Amount of immediate regular payment
◇ Amount of regular payment £	Amount of regular payment in words
Date of next regular payment	Tax relief applicable? YES/NO*
Date of final payment	Amount of final payment £

* until you receive further notice from me/us in writing and debit my/our account accordingly.

This instruction cancels any previous order in favour of the beneficiary named under this reference.

IF CANCELLATION – PLEASE COMPLETE THE FOLLOWING		
Amount of regular payment £	Reference	Cancel with effect from

Signature(s)

Date

* Delete as appropriate

◇ If the amounts of the periodic payments vary they should be incorporated in a schedule overleaf.

Please detail any special instructions overleaf.