



# Standing Order Mandate



Please complete this form in **Block Capitals**

To \_\_\_\_\_ Bank Sort Code 

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Branch \_\_\_\_\_

(Full address)

## A Customer's Details

Account Name \_\_\_\_\_ Account Number 

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Tel No – Work \_\_\_\_\_ Tel No – Home \_\_\_\_\_

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

## B Person/Organisation you wish to pay

Name of Person/Organisation Letham Sports Club Tangerine Club															
Bank and Branch Name The Royal Bank of Scotland plc, Perth Chief Office, Dunkeld Road, Perth															
Account Number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">9</td><td style="width: 20px; height: 20px;">9</td><td style="width: 20px; height: 20px;">7</td><td style="width: 20px; height: 20px;">8</td></tr></table>	1	0	0	6	9	9	7	8	Sort Code <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">8</td><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">4</td><td style="width: 20px; height: 20px;">7</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">0</td></tr></table>	8	3	4	7	0	0
1	0	0	6	9	9	7	8								
8	3	4	7	0	0										
Reference to be quoted (Letham FC to Complete)															

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

### When Paid

Day or date of payments – 2 day of each month <small>(eg Friday 1<sup>st</sup>, 30<sup>th</sup> May)</small>	Frequency - Monthly <small>(eg weekly, monthly, yearly)</small>
Commencing   02/09/2011 <small>(delete as appropriate)</small>	
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

<b>Bank Use Only</b>	
Keyed by <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 50px; height: 20px;"></td></tr></table> (initials)	
Date _____	

Customer(s) Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Served by \_\_\_\_\_

External No \_\_\_\_\_

