Scottish Association of Chaplains in Healthcare

Standing Order Mandate (which we will forward to your bank)

(Please complete in Block Capitals)

Please pay by banker's Standing Order, cancelling any previous instructions regarding this payee:

To the Manager (insert name of bank) : ..... Bank Sort Code: ☐☐ - ☐☐ - ☐☐

Bank Postal Address: .....

.....

.....

Post Code: .....

Amount (Figures): £☐☐ • ☐☐
(if paying in instalments please insert the amount of each instalment)

Amount (Words): .....

Date of First Payment: 1st February 2006

Frequency: Annually ☐ Quarterly ☐ Monthly ☐

until further notice and debit my account accordingly.

Name of my account: .....
(name which appears on your cheques or bank statements)

Account Number: ☐☐☐☐☐☐☐☐

I hereby authorise you to set up this Standing Order payment on my account.

Name:

Address: .....

.....

.....

Post Code: ..... Telephone:

Signed: ..... Date: .....

Pay To:

Name of Bank : **Bank of Scotland** Bank Sort Code: **80-12-39**

Branch Address: **123 High Street, AYR KA7 1QP**

Account Number: **00193798**

Account Name: **SACH**

Reference No: ☐

19/03/2006