

# Standing Order Mandate

To ..... Bank

Address .....

.....

Please pay THE CO-OPERATIVE BANK  
Bank

BUSINESS DIRECT  
Branch Title (Not Address)

08-92-99  
Sorting Code No

For the credit of YORK SHODOKAN AIKIDO CLUB  
Beneficiary's Name

6	5	4	8	6	4	3	6		
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Account Number and Type

The sum of First Payment £ .....  
Amount in Figures

.....  
Amount in Words

Commencing \*(date) \*NOW £ ..... and thereafter every .....  
Due Date and Frequency

\*Until ..... £ .....  
Date and amount of Last Payment **\*Until you receive further notice from me/us in writing**

Quoting Reference MONTHLY FEE OF ..... and debit my/our account accordingly

Please cancel any previous standing order or direct debit in favour of the beneficiary named above under this reference.

### Special Instructions

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.....  
.....

Account to be Debited 

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 Sort Code

Account Number 

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Signature(s) .....  
.....  
Date .....

**Note:** 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

**Note:** Please ensure signed in accordance with account mandate  
\* Delete if not applicable † If the amounts of the periodic payments vary they should be incorporated in a schedule overleaf