

Standing Order Mandate

To the Manager

Bank name and Address		

I/we hereby authorise and request you to debit my/our

|--|

Account Details

Account Number	Sort Code	Amount	Frequency
		£	Monthly

Start Date	End Date	Number of Payments	
------------	----------	--------------------	--

And credit

Account Name		
PCC West Grins	ead	

Sort Code	Account Number
60-11-17	19528817

Quoting Reference

(Your Name)	
-------------	--

Signed

Signature(s)	Date