

Standing Order Mandate

Please complete in BLOCK CAPITALS

Your account details:

Name of Bank
and Address:

Account name:

Sort Code:

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Account Number:

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Your contact phone number:

Please set up the following standing order and debit my/our account accordingly:

Please pay to: Age Concern Petersfield and District Registered Charity No. 1178837
Lloyds Bank plc
Blackheath Branch, PO Box 1000 BX1 1LT
Sort Code: 30 90 89 Account Number: 42799168

Payment of: £_____ Amount in words:_____

First Payment to be made on: _____

And monthly thereafter on the _____ day of each month until further notice

Your Name and Address:

Postcode:_____

Signature:_____ Date:_____