**STANDING ORDER MANDATE**

|  |  |
| --- | --- |
| To The Manager |  |
|  |  |
| Branch Address |  |
|  |  |
| Sort Code |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please set up the following standing order and debit my/our account accordingly | | | | | | | |
|  | | | |  | | | |
| For the account of | | | | **Unique** Rare Chromosome Disorder Support Group | | | |
|  | | | |  | | | |
| Account No. | | | | 00014005 | | | |
|  | | | |  | | | |
| Sort Code | | | | 40-52-40 | | | |
| Name[s] of Account Holder[s] to be debited | | | |  | | | | |
|  | | | |  | | | | |
| Account No. | | | |  | | | | |
|  | | | |  | | | | |
| Payment Amount | | | |  | | | | |
|  | | | |  | | | | |
| 1st Payment Date | | | |  | | | | |
|  | | | |  | | | | |
| Expiry [delete as appropriate] | | | | Until Further Notice OR Date: | | | | |
|  | | | |  | | | | |
| Frequency [delete as appropriate] | | | | Monthly Quarterly Yearly | | | | |
|  | | | |  | | | | |
| I/We acknowledge the Bank will not undertake to:   * Make any reference to Value Added Tax or other indeterminate element * Advise the beneficiary of inability to pay * Request beneficiary’s banker to advise beneficiary of receipt | | | | | | | | |
| Signature[s]: | |  | | | | | Date**:** |  |
| gift aid logo | | |
| **Please ensure that you complete a Gift Aid form if you are a UK taxpayer** | | | | | | | | | | |