



Standing Order Mandate

Please note that this form is not to be used for amending existing payments.

Please complete in block capitals

To _____ Bank Sort Code

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_____ Branch
(Full address)

A Customer's Details

Account Name _____ Account Number

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Tel No. Work _____ Tel No. Home _____

Please set up the following Standing Order and debit my/our account accordingly

B Person / Organisation you wish to pay

Name of Person / Organisation	Palliative Care Research Society
Bank and Branch Name	Millhouses, Sheffield Branch

Account Number	2	4	2	8	2	8	1	2	Sort Code	5	4	4	1	4	7
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Reference to be quoted (if any) _____

C About the Payment

Amount Details (If the amount of the periodic payments vary they should be incorporated in a schedule overleaf)

Amount of first payment (if different) £	Amount of normal payment £
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Amount of normal payment in words _____

Amount of final payment (if different) £ _____

When Paid

Day or Date of payments (e.g. Friday, 1 st , 30 th May)	Frequency (e.g. weekly, monthly, yearly)
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Commencing _____ Now / ___/___/___/ (delete as appropriate)

Total number of payments _____ or Expiry date ___/___/___ or Until Further notice _____

Special Instructions _____

D Confirmation

- I/We acknowledge the bank will not undertake to:
- (ii) Make any reference to Value Added Tax, or other indeterminate element
 - (iii) Advise payer's address to beneficiary
 - (iv) Advise beneficiary of inability to pay
 - (v) Request beneficiary's banker to advise beneficiary of receipt

Bank Use Only		
Keyed by <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 40px; height: 20px;"></td></tr></table> (initials)		
Date _____		

Customer(s) Signature(s) _____

Date _____

Served by _____ at _____ Branch

ITS No _____ External No _____