

Standing Order Mandate

Please note that this form is not to be used for amending existing payments - Use a Standing Order Amendment Form (NWB1665)

Please complete this form 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 GRIFFITHSTOWN HARRIERS															
Bank and Branch Name NAT WEST YSTRAD MYNACH															
Account Number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>4</td><td>4</td><td>4</td><td>0</td><td>9</td><td>5</td><td>4</td></tr></table>	1	4	4	4	0	9	5	4	Sort Code <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>5</td><td>5</td><td>8</td><td>1</td><td>4</td><td>7</td></tr></table>	5	5	8	1	4	7
1	4	4	4	0	9	5	4								
5	5	8	1	4	7										
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 £
Amount of normal payment in words -	
Amount of final payment (if different) £ /	

When Paid (Please note: Payment to an account held at NatWest will normally be received by the beneficiary on the nominated payment date. Payment to an account held at a different bank will be received by the beneficiary 3 working days after your nominated payment date).

Day or date of payments <small>(eg Friday, 1st, 30th May)</small>	Frequency QUARTERLY <small>(eg weekly, monthly, yearly)</small>	
Commencing Now / / / <small>(Delete as appropriate)</small>		
Total number of payments <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> or Expiry date / / or Until further notice <input checked="" type="checkbox"/>		
Special Instructions		

D Confirmation

I/We acknowledge the Bank will not undertake to:
(i) make any reference to Value Added tax, or other indeterminate element
(ii) advise payers' address to beneficiary
(iii) advise beneficiary of inability to pay
(iv) 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> </td></tr></table> (initials)	
Date _____	

Customer(s) Signature(s) _____

Date _____

Served by _____ at _____ Branch

ITS No _____ External No _____

