

BANK STANDING ORDER MANDATE FORM

Name(s) of the Account Holder(s) _____

This is an instruction from the parent/guardian to their bank to pay money to the beneficiary detailed below. This form should be completed and signed by the account holder and sent to their bank and received prior to the 1st day of the following month.

To: please insert full bank address including postcode

	Please amend any existing instructions from the next payment with this reference and date range to this beneficiary. (Please ensure there is only one active standing order).

ACCOUNT TO BE DEBITED:	BENEFICIARY DETAILS:
SORT CODE: _____	SORT CODE: 40-42-07 Bank: HSBC, Sleaford
ACCOUNT NUMBER: _____	ACCOUNT NUMBER: 71484559
ACCOUNT NAME: _____	ACCOUNT NAME: East Midlands Gymnastics Centre – Boys Account
ROLL NUMBER: _____ (Building Societies Only)	REFERENCE DETAILS: (Insert name of Gymnast) _____

PAYMENT DETAILS:	
AMOUNT IN FIGURES £ _____	AMOUNT IN WORDS: _____
FIRST PAYMENT DUE: 01/ _____	MONTHLY UNTIL FURTHER NOTICE:

CUSTOMER SIGNATURE:	
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CUSTOMER SIGNATURE:	
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