

STANDING ORDER MANDATE

To be completed and returned to Cure Leukaemia. We will post a photocopy of this form to your bank who will process payments.

Your details

Name (Block Capitals):	
Address:	
Post Code:	Telephone:

Your Bank/Building Society Details

To Bank/Building Society:	Branch:
Branch Address:	
	Post Code:
Account in the Name(s):	
Account No:	Sort Code:

Please Pay

Account Name: Cure Leukaemia	
Bank: HSBC	Branch: New Street
Account No: 0 4 7 1 1 7 3 4	Sort Code: 4 0 1 1 1 8

Payment Details

Amount (Figures) £:	Amount (Words) £:
Date of First Payment: D D M M Y Y	Payment due day or date: D D M M Y Y
Frequency - Monthly (please tick box): <input checked="" type="checkbox"/>	Until further notice (please tick box): <input checked="" type="checkbox"/>
Or date of last payment D D M M Y Y	and debit my account accordingly

I hereby authorise you to set-up this standing order payment on my account:

Signed:	Date:
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PLEASE NOTE THAT THIS REPLACES ANY PREVIOUS STANDING ORDER FORMS
 * The payment date may be within approximately 3 days of the specified date.