Standing order mandate



То						Ban	k
Please set up the following standing order and debit r	ny/our ¹ account acco	ordingly:					
Your account details							
Account name:							
Branch:							
Sort code:	Account number						
Account you wish to make the payment to							
Please pay the Cooperative Bank plc, 3 for the credit of Gillingh			M60 4	EP			
Sort code 0 8 - 9 2 - 9 9	Account number	6 9	4 2	2	7	4	2
Payment details							
How often are payments to be made? Weekly		Х	Two	o-weekly X			
Four-weekly X Monthly X Quarterly X Twice a year X Once a				ce a y	year X		
B. First payment amount and date: f		D D	MM	Y	Y	Y	Y
C. Ongoing payment amount and date: £		D D	MM	Y	Y	Y	Y
D. Chose one of the following two options:							
1. Final payment amount and date £		D D	M	Y	Y	Y	Y
2. Until further notice			1				
E. Please cancel any existing standing order in favou	r of Gillingham Comi	munity C	nurcn. ⁻	-			
Confirmation	Γ						
Signature	Date	DD	MM	Y	Y	Y	Y
Signature	Date	D D	M	Y	Y	Y	Y
Please send this standing order ma	ndate to your bank f	for proce	essing. ³				

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¹ Delete as applicable

² Registered charity number 1129261

³ Please use this form if you do not have online or telephone banking facilities.