

# Standing Order Mandate

# The **co-operative** bank

To

*(your bank)*

Address

Please pay The Co-operative Business Direct 089299  
Bank Branch Title (Not Address) Sorting Code No

For the credit of The Mandala Trust

6	5	3	5	1	6	6	8	0	0
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Beneficiary's Name Account Number and Type

The sum of First Payment £ .....  
Amount in Figures Amount in Words

Commencing \*(date) \*NOW £ ..... and thereafter every .....  
Due Date and Frequency

\*Until ..... £ ..... \*Until you receive further notice from me/us in writing  
Date and amount of Last Payment

Quoting Reference ..... and debit my/our account accordingly

Please cancel any previous standing order or direct debit in favour of the beneficiary named above under this reference.

### Special Instructions

.....  
 .....  
 .....

Account to be Debited 

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Sort Code

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Account Number

Signature(s) .....

**Note:** The Bank will not undertake to:  
 (i) make any reference to Value Added Tax or other indeterminate element.  
 (ii) advise payer's address to beneficiary  
 (iii) advise beneficiary of inability to pay  
 (iv) request beneficiary's banker to advise beneficiary of receipt

Date .....

**Note:** Please ensure signed in accordance with account mandate  
 \* Delete if not applicable † If the amounts of the periodic payments vary they should be incorporated in a schedule overleaf