

STANDING ORDER MANDATE

(Please use block capitals)

YOUR BANK MANAGER	
To: The Manager	Bank/Building Society
Address _____	

Postcode _____	

Name(s) of Account Holder(s)

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Bank/Building Society Account Number

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Branch Sort Code

		-			-		
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Signature(s):

Date:

Name _____

Address _____

Postcode _____

Instruction to your Bank or Building Society							
Please pay to Bolton Pulmonary Fibrosis							
Barclays Bank Plc							
Account Number							
8	0	8	3	5	1	1	0
Sort Code							
2	0	-	5	5	-	4	1
The sum of £							
Commencing on the							
Every: year/quarter/month (delete as appropriate)							
On the same date until further notice.							

Please return completed Mandate to:
Your Personal Bank
Or
Bolton Pulmonary Fibrosis Support Group
Bolton CVS (the hub)
Bold Street
Bolton
Lancashire
BL1 1LS
Thank you.

