*New / *Amended / *Cancelled

Standing Order Mandate

Serial Number

To Yorkshire Bank PLC

Branch: **BROAD STREET, PARKGATE**

Please *make payments / *amend the existing payments / *cancel the existing payments as detailed below

PLEASE COMPLETE THE FOLLOWING IN ALL CASES				
Account to be debited	Sort Code Number		Account Number	
	☐ ☐ - ☐ ☐ - ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
Account to be credited	Sort Code Number		Account Number	
PARKGATE SOCIAL SERVICES SUB DRAW ACCOUNT	**0 5 - 0 6 - 6 6**		**3 7 9 2 2 2 9 1**	

IF NEW – PLEASE COMPLETE ALL AREAS	
IF AMENDMENT – PLEASE COMPLETE ONLY THE AREAS TO BE AMENDED	
Bank ✗	Branch Title (not address)
Reference To Be Quoted	Frequency of regular payment
Immediate payment required YES	Amount of immediate payment £
# Amount of regular payment £ ✗	Amount of regular payment in words
Date of next regular payment ✗	Tax relief applicable NO
Date of final payment	Amount of final payment £

* until you receive further notice from me/us in writing and debit my/our account accordingly

This instruction cancels any previous order in favour of the beneficiary named above under this reference

IF CANCELLATION – PLEASE COMPLETE THE FOLLOWING		
Amount of regular payment £	Reference	Cancel with effect from

Signature   ✗ ....   Date   ✗ ....

....

*delete as appropriate

if the amounts of he periodic payments vary they should be incorporated in a schedule overleaf

Please detail any special requirements overleaf

3015 – (12/00)