

STANDING ORDER MANDATE

Appendix 1(e)

Please complete all sections of this form in BLOCK CAPITALS

To (Name of Bank)

Address

Post Code

Account Holder(s)

Address

Post Code

Sort Code

Account Number

Please pay the sum of

£

Monthly*

Quarterly*

Annually*

* Delete as appropriate

Commencing on

and thereafter until further notice

Signature:

Date:

The Gift Aid Organiser to complete the following section:

To: HSBC Bank plc,
69 Pall Mall, London SW1Y 5EY

Parish/School: ‡

Sort Code

Account Number ‡

4 0 0 5 2 0

Please quote Gift Aid Declaration Number‡:

Please cancel existing monthly/quarterly/annual‡
standing order for the above account for

£

‡ Gift Aid Organiser to complete

Please return this form once completed to the Gift Aid Organiser