

STANDING ORDER MANDATE



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No.

Personal Details

TITLE	<input type="text"/>	POSTCODE	<input type="text"/>
SURNAME	<input type="text"/>	TEL (HOME)	<input type="text"/>
FORENAME(S)	<input type="text"/>	MOBILE	<input type="text"/>
ADDRESS	<input type="text"/>	EMAIL	<input type="text"/>
	<input type="text"/>	DATE OF BIRTH	<input type="text"/> / <input type="text"/> / <input type="text"/>
		SEX	<input type="checkbox"/> M <input type="checkbox"/> F

PART 1 - Membership Details

NEW MEMBER

RENEWAL

PART 2 - Payment Details

AMOUNT OF PAYMENT	£ <input type="text"/>	DATE OF FIRST PAYMENT	<input type="text"/> / <input type="text"/> / <input type="text"/>
FREQUENCY	<input type="text" value="MONTHLY"/>		
TOTAL NO. OF PAYMENTS	<input type="checkbox"/>	OR EXPIRY DATE	<input type="text"/> / <input type="text"/> / <input type="text"/>
		OR UNTIL FURTHER NOTICE	<input type="checkbox"/> (and thereafter monthly on the 1st/15th day of every month)

BANK DETAILS

CUSTOMER DETAILS

Please complete this form in **BLOCK CAPITALS**

BANK NAME	<input type="text"/>		
BANK ADDRESS	<input type="text"/>		
	<input type="text"/>	POSTCODE	<input type="text"/>
NAME OF ACCOUNT HOLDER(S)	<input type="text"/>		
NAME OF ACCOUNT TO BE DEBITED	<input type="text"/>		
BANK/BUILDING SOCIETY ACCOUNT NUMBER	<input type="text"/>	BRANCH SORT CODE	<input type="text"/>

ORGANISATION YOU WISH TO PAY

NAME OF ACCOUNT HOLDER(S)	<input type="text" value="SALE DOJO"/>	BRANCH NAME	<input type="text" value="ROYAL BANK OF SCOTLAND"/>
BANK/BUILDING SOCIETY ACCOUNT NUMBER	<input type="text" value="1 0 1 3 7 4 6 1"/>	BRANCH SORT CODE	<input type="text" value="1 6 1 2 1 1"/>
SIGNATURE	<input type="text"/>	DATE	<input type="text"/> / <input type="text"/> / <input type="text"/>

WHITE - BANK

YELLOW - YOUR COPY

PINK - FILE