Standing Order Mandate

To: Bank Name			
Branch			
Address			
I authorise you to make	the following sta	nding order payment f	rom my account
Account Name			
Account Number			
Sort Code			
Standing Order Detail	s:		
Recipient: - Gosport Borough Hockey Club Lloyds TSB Gosport Sort Code 30-93-56 Account Number 01492689			
Please quote the follow (Member's name)	ing reference		
Amount: £			
Amount in words:			
Does this mandate replace an existing standing order		tanding order	Yes
			No
First navment date			
First payment date Final payment date			
Payment Frequency		Monthly on the	of each moth
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Signed:			
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