



LACON CHILDE PTA LOTTERY

Standing Order Mandate

ONCE COMPLETED - PLEASE FORWARD TO YOUR BANK FOR ACTION

Please complete all boxes where indicated with an asterisk* below, using block capitals

(Beneficiary is the person receiving the payment. The reference is the name that will appear on the beneficiary's statement)

Account Holder's Sort Code* - -

Account number*

Account Name*

Date*

Contact Telephone Number*

New Standing Order Instruction

Name of Beneficiary

Beneficiary Sort Code

Beneficiary Account Number

Amount

Amount in words

Date of first payment

Due date and frequency of payments

Date of final payment

Or Until Further Notice

Special Instructions (where the above instructions do not cover the specific amendment/instruction)

Signature

Date

Please return this section to Lacon Childe School for the attention of the PTA to confirm Standing Order Mandate
THIS IS IMPERATIVE TO BE ENTERED INTO THE DRAW

NAME

PHONE NUMBER

ADDRESS