

NEW STANDING ORDER MANDATE

Serial Number

--	--	--	--

To Please print and complete this form then give it to YOUR BANK

Please make payments as detailed below.

PLEASE COMPLETE THE FOLLOWING IN ALL CASES																		
Account to be debited	Sort Code number <table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>							Account number <table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>										
Account to be credited The Way Christian Ministries	Sort Code number <table border="1"> <tr> <td>8</td> <td>2</td> <td>-</td> <td>6</td> <td>9</td> <td>-</td> <td>1</td> <td>3</td> </tr> </table>	8	2	-	6	9	-	1	3	Account number <table border="1"> <tr> <td>3</td> <td>0</td> <td>5</td> <td>1</td> <td>5</td> <td>9</td> <td>6</td> <td>3</td> </tr> </table>	3	0	5	1	5	9	6	3
8	2	-	6	9	-	1	3											
3	0	5	1	5	9	6	3											

PLEASE COMPLETE ALL AREAS	
Bank : Clydesdale Bank PLC	Branch title (not address) : Kirkintilloch
Reference to be quoted	Frequency of regular payment : monthly
Immediate payment required? YES/NO*	Amount of immediate payment £
= Amount of regular payment £	Amount of regular payment in words
Date of next regular payment	Tax relief applicable? YES/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.

Signature(s) _____ Date _____

- * Delete as appropriate
- = If the amounts of the periodic payments vary they should be incorporated in a schedule overleaf.

Please detail any special instructions overleaf