

Standing Order Mandate

middle wich district. foodbank. or g.uk

Please RETURN THIS FORM TO THE ADDRESS ABOVE OR THE EMAIL BELOW and it will be sent to your named bank or building society.

	Name of your bank		
_	Branch address		
anage	Town/City	1	Postcode
ma			
Instruction to your bank manager	Sort code:		Account number:
	The sum of:	(in figures)	(in words)
	On the:	D D / M M / Y	Y Y Each: Week Month Year
	Until further notice and debit my account accordingly.		
	Name of account to be debited:		
<u>r</u>	Sort code:		Account number:
	Signature(s) Date		
			/
	I was		
	Title	First name	Last name
etails	Home addres		Last name
ur details			Postcode
Your details	Home addres	55	
Your details	Home address Town/city Email address	s s	Postcode
Your details	Home address Town/city Email address We would I	s s	
Your details	Home address Town/city Email address We would I	ove to keep you up to date with information of Post Post Post	Postcode
Your details	Home address Town/city Email address We would I Email a You ca Data prof Middlew with curr and suppl	ove to keep you up to date with information Post Email Post In change your preferences any time by contacted in and District Foodbank is committed in the post Post In the pos	Postcode ation about Middlewich and District Foodbank. Please tick your preference: