

## Standing Order Mandate



**From:** Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

**To:** Bank \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Account No: \_\_\_\_\_ Sort Code: \_\_\_\_\_

On the first day of each \*month/quarter/annually commencing on

\_\_\_\_\_ and continuing until \* \_\_\_\_\_ (*insert date*) or until further notice

\* *delete as appropriate*

### Please credit

Account Name: Myositis Support Group

Bank: CAF Bank Ltd  
25 Kings Hill Avenue, Kings Hill, West Malling, ME19 4JQ

Sort code: 40-52-40  
Account: 00001741

Amount £ \_\_\_\_\_ (£ \_\_\_\_\_ in figures)  
(the amount in words)

Signed \_\_\_\_\_ Dated: \_\_\_\_\_

*Myositis Support Group, Registered Charity No. 327791*