

**STANDING ORDER MANDATE**

Please print out, complete the form and return to: 6 Headway Rise, Teignmouth, TQ14 9UL

To ..... Bank

Address .....

.....

.....

Post Code .....

**Please pay** Lloyds TSB plc     Dawlish Branch     Sort Code No: 30-96-06

**For the credit of** 'A I M S (DAWLISH) SPECIAL NEEDS GROUP Account' Account No: 01652371

† **The sum of**

**First Payment £** .....     .....

Amount in Figures

Amount in Words

**Commencing\* (date)** ...../...../..... **\*NOW**     £ ..... **& thereafter every** .....

Date of First Payment

Due Date & Frequency

**\*Until** ...../...../..... £ ..... **\*Until you receive further notice from me/us in writing**

Date & Amount of Last Payment

**Quoting the Reference** ..... **and debit my/our account accordingly**

**Please cancel any previous standing order or direct debit in favour of the beneficiary named above under this reference**

Special Instructions .....

.....

.....

.....

Account to be Debited

Sort Code

Account Number

**Signature(s)** .....

**Print Name** .....

.....

**Print Name** .....

**Date** .....

Note: Please ensure signed in accordance with account mandate

† If the amounts of the periodic payments vary they should be incorporated in a schedule overleaf

\* Delete if not applicable