

## STANDING ORDER MANDATE

Name of account to be debited

Bank Name

Full Postal Address

Sort Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Amount of first payment

£

Amount of subsequent payments

£

Date of first payment

Date of subsequent payments

Frequency of payments *(ie monthly)*

Date of last payment

Beneficiary's Name

**TENDRING SPECIALIST STROKE SERVICES**

Beneficiary's Bank

**CAF Bank**

Sort Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Number

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Signature(s)

Date

All alterations must be initialled. When complete, please send to; Tendring Specialist Stroke Services, 85 Frinton Road, Holland on Sea, Essex CO15 5UH.