

STANDING ORDER MANDATE

Appendix 1(e)

Please complete all sections of this form in BLOCK CAPITALS

To (Name of Bank)	
Address	
Post Code	

Account Holder(s)	
Address	
Post Code	

Sort Code					

Account Number							

Please pay the sum of £ Monthly* Quarterly* Annually*

* Delete as appropriate

Commencing on and thereafter until further notice

Signature: _____ Date: _____

The Gift Aid Organiser to complete the following section

To: HSBC plc, 69 Pall Mall, LONDON SW1Y 5EY	Parish/School ‡: HOLY NAME, ESHER
---	---

Sort Code					
4	0	0	5	2	0

Account Number ‡							

Please quote Gift Aid Declaration Reference Number ‡:

Please cancel existing monthly/quarterly/annual ‡ standing order for the above account for	
---	--

‡ Gift Aid Organiser to complete

Please return this form once completed to the Gift Aid Organiser