Standing Order Mandate

THIS FORM ALLOWS YOU TO SET UP A REGULAR PAYMENT TO <u>YSGOL Y CWM'S</u> BANK ACCOUNT IN LONDON

Name of Your Bank…………………………………………………………………………………………………...

Address ………

……

Please tick relevant box:
- ☑ **New Instruction**
- ☐ **Please amend previous Standing Order quoting reference/beneficiary**

ACCOUNT TO BE DEBITED

SORT CODE ☐☐☐☐☐☐

ACCOUNT NUMBER ☐☐☐☐☐☐☐☐

ACCOUNT NAME(S)

BENEFICIARY DETAILS

BANK | BARCLAYS BANK PLC

BRANCH DETAILS | 35 Notting Hill Gate, London W11 3JQ, England, United Kingdom

SORT CODE | 2 0 4 7 3 4

ACCOUNT NUMBER | 8 3 0 2 4 4 3 1

IBA | G B 7 9 B A R C 2 0 4 7 3 4 8 3 0 2 4 4 3 1

BIC | B A R C G B 2 1 0 6 J

BENEFICIARY NAME | YSGOL Y CWM

REFERENCE |

PAYMENT DETAILS

AMOUNT OF FIRST PAYMENT £ [   ]   DATE OF FIRST PAYMENT [   ][   ][   ]

AMOUNT OF MONTHLY PAYMENT
£ [   ]

AMOUNT OF MONTHLY PAYMENT IN WORDS [   ]

TO BE PAID

☑ MONTHLY   DAY OF MONTHLY PAYMENT [   ][XX][XX]

COMPLETE EITHER

AMOUNT OF LAST PAYMENT £ [N/A]   & DATE OF LAST PAYMENT [N/A][   ]

OR PLEASE CONTINUE PAYMENT UNTIL FURTHER NOTICE ☑

CUSTOMER SIGNATURE(S) ……………………………………………… DATE [   ][   ][   ]

CUSTOMER CONTACT TELEPHONE _____

CUSTOMER EMAIL ADDRESS _____