

STANDING ORDER MANDATE TO PAY ASHFORD TOWN PCC

DONOR'S FULL NAME _____

ADDRESS _____

PLEASE PAY £_____ PER MONTH/QUARTER/ANNUM TO:

ACCOUNT NAME **ASHFORD TOWN PCC** SORT CODE **20 02 62** ACCOUNT NO. **30686611**

TO COMMENCE ON ____/____/____ AND CONTINUE UNTIL CANCELLED OR AMENDED
BY ME IN WRITING, QUOTING REFERENCE **Ashford Town Parish**

MY BANK _____ ADDRESS _____

POST CODE _____ SORT CODE _____ ACCOUNT No. _____

Signed _____ Date ____/____/____

THIS REPLACES MY PREVIOUS STANDING ORDER TO ASHFORD TOWN PCC ; PLEASE CANCEL THAT ORDER WITH EFFECT FROM THE ABOVE DATE