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 Bank plc, **69 Pall Mall, London SW1Y 5EY**	**Parish/School: ‡**

Sort Code					
4	0	0	5	2	0

Account Number ‡							

Please quote Gift Aid Declaration 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