Standing Order Mandate									
Bank/Building Society:									
Bank/Building Society Address:									
Sort Code:	Acc	Account Number:							
Account Holder Name(s):									
Address:									
Reference: Please use your surname & initial followed by 5050 eg: for William Smith SMITHW5050									
Please Debit (tick correct amount)									
Monthly £5□	Quarterly £15								
Starting on 1st 2	2020			Starting on 1st					
Half Vaarly £20 🗆									

 Hait Yearly £30
 Yearly £60

 Starting on 1st
 2020
 Starting on 1st
 2020

 until this instruction is cancelled

Signed:

For Bank Use Only

Please credit payments to: Friends of Avisford Medical Group 50/50 Club Lloyds Bank plc Blackheath London Branch PO Box 1000 BX1 1LT

Sort Code: 30-90-89

Account No: 45068960

This order supersedes any current instruction