

STANDING ORDER MANDATE

New Standing Order Mandate to

To: Bank / Building Society

Branch:

Address:

.....

Post Code:

Please make payments as detailed below

Name of Account	Sort Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Beneficiary's Name	Sort Code	Account Number
ORCHID	40 47 14	5 1 3 6 9 1 5 6
Bank / Branch	Branch Title / Address	
HSBC / Woodford Branch	352 High Road, Woodford Green, Essex IG8 0XQ	
Reference to be Quoted	Frequency of Regular Payment (e.g. monthly/annually)	
<input type="text"/>	<input type="text"/>	
Amount of Regular Payment	Amount of Regular Payment in words	
£	<input type="text"/>	
Date of Regular Payment (e.g. 5th of every month)	Date of First Payment (e.g. May)	Until further notice or date of final payment
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please cancel all previous Standing Order Mandates in favour of ORCHID or until you receive further notice in writing from me/us* please debit my/our* account accordingly. (*delete where not applicable).

Signature(s): Date: / 20.....

Please complete and return this form to:
ORCHID, St Bartholomew's Hospital, London EC1A 7BE

“Thank you very much for your kind generosity”