

# Standing Order Mandate

To  
Bank  
Branch


Please make payments as detailed below and debit my/our account accordingly.

## Account to be Debited

Sort Code

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Account Number

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Account Name

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## Beneficiary Details

Sort Code

8	2	6	5	1	7
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Account Number

9	0	0	1	9	0	0	5
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Name of Bank

**Clydesdale Bank PLC**

Name of Branch

**Inverkeithing**

Beneficiary Name

**Church of Scotland North Queensferry Church**

## Details of Payments to be made

Amount of Regular Payment

£

Amount of Regular Payment  
in Words

Frequency of Regular Payments (Tick as applicable)

Monthly

Quarterly

Half-yearly

Yearly

Date of first regular payment

d	d	m	m	y	y
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## Confirmation

Signature

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Second  
Signature  
if Joint A/C

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Date of  
signing

d	d	m	m	y	y
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Date of  
Signing

d	d	m	m	y	y
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