

**ARTILLERY CLERKS' ASSOCIATION**  
**STANDING ORDER MANDATE**

1. To: \_\_\_\_\_ (Name)  
 \_\_\_\_\_ (Address)  
 \_\_\_\_\_  
 \_\_\_\_\_

2. My records show that you are not paying your annual subscription by the standing order mandate. Please complete the (Account to be debited box, sign and date the proforma). **The form is to be handed into "Your Bank" for action.**

**ARTILLERY CLERKS' ASSOCIATION MANDATE**

ACCOUNT TO BE DEBITED		BENEFICIARY DETAILS	
Sort Code	<input type="text"/>	Bank	<input type="text" value="BARCLAYS BANKS"/>
Account No	<input type="text"/>	Branch	<input type="text" value="SOUTH WILTS GROUP"/> <input type="text" value="2/6 HIGH STREET SALISBURY"/>
Account Name	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="1"/>
			<input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="6"/>
		Beneficiary Name	<input type="text" value="ARTY CLERKS' ASSOCIATION"/>
		Reference	<input type="text"/>

**PAYMENT DETAILS**

AMOUNT OF FIRST PAYMENT  DATE OF FIRST PAYMENT

AMOUNT OF USUAL PAYMENT

AMOUNT OF USUAL PAYMENT IN WORDS

WHEN PAID (WEEKLY, MONTHLY, ANNUALLY)  DATE OF USUAL PAYMENT

CONTINUE PAYMENTS UNTIL FURTHER NOTICE

CUSTOMERS SIGNATURES

DATE