

# Standing Order Mandate



Please complete all details in black ink and capitals - thank you

## Donor Details

Title \_\_\_\_\_ Forename(s) \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

## Donors Bank Details - Account to be debited

Bank/Building Society: \_\_\_\_\_

Bank Address including Postcode: \_\_\_\_\_

Bank Sort Code: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

## Payment Details

Amount of first payment: £ \_\_\_\_\_ Date of first payment \_\_\_\_\_

Regular Amount in words \_\_\_\_\_

When to be paid  
Weekly, Monthly, Annually etc \_\_\_\_\_ Date of usual payment \_\_\_\_\_

Please continue payments until further notice YES  NO

## Beneficiary Bank Details - Account to be credited

Reference (Your Surname and initials please) \_\_\_\_\_

BANK ADDRESS: Barclays Bank, 40 Courtenay Street, Newton Abbot, TQ12 2EA

SORT CODE: **20-60-88** ACCOUNT NAME: **PORT-ER** ACCOUNT NUMBER: **80274135**

Donors Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT. PLEASE SEND THIS FORM TO**  
Fundraising, PORT-ER, PO Box 233, Exmouth, Devon, EX8 9BT  
Registered Charity Number: 1116594