MANIFOLD VALLEY AGRICULTURAL SOCIETY
MEMBERSHIP

STANDING ORDER MANDATE

TO……
(NAME OF YOUR BANK)

ADDRESS OF YOUR BANK: …….

……

……

……..……..**Post code**……

AMOUNT OF FIRST PAYMENT £

AMOUNT OF USUAL PAYMENT £

PLEASE TICK RELEVANT BOX:

☐ **NEW INSTRUCTION**
☐ **AMEND PREVIOUS STANDING ORDER**

AMOUNT OF USUAL PAYMENT IN WORDS

REFERENCE (Name of MVAS member)

DATE OF FIRST PAYMENT ☐☐/☐☐/**2 0**☐☐ **AND THEN TO BE PAID ANNUALLY ON THE 1ST OF JUNE AND CONTINUED UNTIL FURTHER NOTICE.**

ACCOUNT TO BE DEBITED

SORT CODE ☐☐☐☐☐☐☐☐☐

ACCOUNT NUMBER ☐☐☐☐☐☐☐☐☐

ACCOUNT NAME

BENEFICIARY DETAILS

SORT CODE **3 0 1 4 6 9**

ACCOUNT NUMBER **1 5 7 3 8 0 6 8**

ACCOUNT NAME **MANIFOLD VALLEY AGRICULTURAL SOCIETY**

SIGNATURE(S)…….

DATE……..