The co-operative bank
good with money

To .... Bank

Address ....

....

Please pay The Co-operative Bank — Community Direct — 08 – 92 – 99

Bank — Branch title (not address) — Sorting code no.

For the credit of Sarah Elizabeth Allergy Treatment Appeal

Beneficiary's name

6	5	5	1	4	7	9	3	☒	0	0

Account number and type

†The sum of first payment £ ....

Amount in figures — Amount in words

Commencing *(date) .... **/*NOW** **£** .... **and thereafter every** ....

Date of first payment — Due date and frequency

***Until** .... **£** .... ***Until you receive further notice from me/us in writing**

Date and amount of last payment

Quoting the reference .... **and debit my/our account accordingly**

Please cancel any previous standing order or Direct Debit in favour of the beneficiary named above under this reference

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Special instructions ....

....

....

....

Account to be debited

Sort code

Account number

Signature(s) ....

....

Date ....

Note: Please ensure signed in accordance with account mandate

Note: The bank will not undertake to:

(i) make any reference to Value Added Tax or other indeterminate element
(ii) advise payer's address to beneficiary
(iii) advise beneficiary of inability to pay
(iv) request beneficiary's banker to advise beneficiary of receipt

* Delete if not applicable

† If the amounts of the periodic payments vary they should be incorporated in a schedule overleaf

FORM S0154_WEB (06/08)