

THE ASSOCIATION OF CATHOLIC NURSES ENGLAND AND WALES

Please complete and return to your Bank
**STANDING ORDER MANDATE
TO THE MANAGER**

Please insert name and address of your Bank

.....
..... **POST CODE**.....

Please pay: BARCLAYS BANK ,CROYDON
For the credit of: THE ASSOCIATION OF CATHOLIC NURSES ENGLAND AND WALES
Sort Code

2	0	2	4	6	1
---	---	---	---	---	---

Bank Account
Number

2	0	5	4	7	7	7	8
---	---	---	---	---	---	---	---

The sum of £.....
The sum of

.....
Commencing on Date/...../.....
and thereafter on the **31st day of March each year** until further notice and debit my account
Name of Account
Holder /Account to be debited

Sort Code

--	--	--	--	--	--

Bank Account
Number

--	--	--	--	--	--	--	--

Personal Reference Please insert initials of 1st and 2nd name or first 2 letters of first name into first 2 boxes

and first 4 letters of last name into next 4 boxes followed by first 3 letters of your post code into the last 3 boxes

--	--	--	--	--	--	--	--	--	--	--

Signature: _____

Date: _____