Standing Order Mandate

Your Details : Your Full Name				
Your Bank				
Bank Address				Once completed please send, with application form
Sort Code				if appropriate, to The Secretary
Account Number				1 Centauri Close Leighton Buzzard LU7 3XF
Please Pay	The City of London	Squadron A	Associatio	n
Sort Code		(To be co	mpleted by A	Association)
Account Number			Lloyd	s TSB
Amount (words)				
Amount (figures)	£	Frequency		
First Payment	dd mm yyyy	Or on Rec	eipt if lat	er
I hereby authorise London Squadron	my bank to set up the above s Association.	Standing Order	r in favour	of The City of
Name				
Address				
Signed		Date		