|  |  |  |  |
| --- | --- | --- | --- |
| **Border Collie Rescue - Standing Order Donation Form**

|  |
| --- |
| **For Central Funds** |
| **Registered Office - 57,Market Place, Richmond, North Yorkshire, DL10 4JQ. 0845 6044941** |
| To make a regular standing order payment to Border Collie Rescue, please fill in this mandate and hand it in to your bank. Please Use Block capitals **Your bank details -**   |

TO - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank. Sort Code - \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  :  |
| Branch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: |
| **A. Customers details.**   |
| Account Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: |
| Account Number  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_ : |
| Tel Number - Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:  Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: |
| Please set up the following standing order and debit my/our account accordingly -  |
| **B. Beneficiary details.** |
| Pay to the account of **BORDER COLLIE RESCUE CENTRAL FUND ACCOUNT**at HSBC BANK - MARKET PLACE - RICHMOND - NORTH YORKSHIRE. |
| Account Number **9 1 5 8 9 5 0 4**       Sort Code **4 0 - 3 8 – 1 9** |
| Reference to be quoted (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: |
| **C. Payment details.** |
| Please Pay to the above beneficiary -  |
| The sum of £ \_\_\_\_\_\_\_\_: In words \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: |
| Commencing On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date and thereafter Monthly. |
| Total Number of Payments \_\_\_\_\_\_\_ **OR** Expiry date \_\_\_/\_\_\_/\_\_\_\_\_\_ **OR**Until Further Notice \_\_\_\_\_\_ **Tick if appropriate**. |
| **I / We acknowledge that the bank will not undertake to : (1) make any references to VAT or other indeterminate element - (2) advise payees address to beneficiary - (3) advise beneficiary of inability to pay - (4) request beneficiaries banker to advise beneficiary of receipt** |
| **Customers signature/s** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: |
| **Date** |
|  |
| **Bank Use Only** - Keyed By \_\_\_\_\_\_\_\_\_\_\_\_\_ (initials).   Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: |
| Served By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch |
| ITS No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ External No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |