



GENERAL GOODS

Recycling We Are Since 2005

Houthe of Igor Standing Order Mandate

Please complete this form in **BLOCK CAPITALS**. We will return it to your bank.

To _____ Bank Sort Code

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Full Address _____

A. Your Details

Account Name _____ Account No

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Tel No. Work _____ Tel No. Home _____

B. Our Details

Account Name	Mr M B & Mrs C S Wines		
Bank & Branch Name	Co-operative Bank, PO Box 48, 1 Balloon Street, Manchester M60 1GP		
Account Number		Sort Code	
Reference to be quoted			

C. About the Payment

Amount of the payment	:	
Amount of the payment in words	:	

D Payment Dates

Date of payment	Frequency	MONTHLY
Commencing		
Total number of payments		
Special Instructions	NONE	

E. Confirmation

I/We acknowledge 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

Signature(s) _____

Date _____