# MANIFOLD VALLEY AGRICULTURAL SOCIETY
# MEMBERSHIP

## STANDING ORDER MANDATE

**TO**……
(NAME OF YOUR BANK)

**ADDRESS OF YOUR BANK:** ……

……

……

……..……..**Post code**……

**PLEASE TICK RELEVANT BOX:**

AMOUNT OF FIRST PAYMENT £

AMOUNT OF USUAL PAYMENT £

☐ **NEW INSTRUCTION**

☐ **AMEND PREVIOUS STANDING ORDER**

AMOUNT OF USUAL PAYMENT IN WORDS

REFERENCE (Name of MVAS member)

**DATE OF FIRST PAYMENT** ☐☐/☐☐/**2 0**☐☐ **AND THEN TO BE PAID ANNUALLY ON THE 1ST OF JUNE AND CONTINUED UNTIL FURTHER NOTICE.**

**ACCOUNT TO BE DEBITED**

SORT CODE ☐☐☐☐☐☐☐☐

ACCOUNT NUMBER ☐☐☐☐☐☐☐☐

ACCOUNT NAME

**BENEFICIARY DETAILS**

SORT CODE **3 0 9 0 2 5**

ACCOUNT NUMBER **0 0 3 5 2 8 6 4**

ACCOUNT NAME **MANIFOLD VALLEY AGRICULTURAL SOCIETY**

SIGNATURE(S)…….

DATE……..