 **Bedford Hospital Charity & Friends - Standing Order Mandate**

Registered Charity No, 299250

Name …………………………………………………. Date …………………………

Address ………………………………………………………………………………………………………………………….. Postcode ........................................

Email address………………………………………………………………..

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Donor’s Bank Account | | | | | | | |
| To Bank | Sort Code |  |  |  |  |  |  |
| Address | | | | | | | |

Please pay the Standing Order to:-

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bank | Barclays Bank UK PLC | Sort Code | | | 2 | | 0 | | 0 | | 5 | | 7 | | 4 | |
| Address | Bedford Branch, 111 High Street, Bedford, MK40 1NJ | | | | | | | | | | | | | | | |
| Account Name | Bedford Hospital Charity & Friends | Account No. | 2 | 0 | | 3 | | 8 | | 6 | | 4 | | 5 | | 6 |

Please pay the following:-

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Amount | £ | In words |  | | |
| Commencing | ……/……/……. | Frequency | Monthly/Annually  (delete one) | Last Payment | ……/……/……… |

To be debited from my account:-

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account Number |  |  |  |  |  |  |  |  |
| Reference | | | | | | | | | |

Signed……………………………………………………… Date………………………………………………

Please return form to

Bedford Hospital Charity & Friends

PO Box 342

Bedford

MK40 3XS