 **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