

* NEW / AMENDED / CANCELLED
STANDING ORDER MANDATE

Serial Number

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To: YORKSHIRE BANK

Branch: ST. SEPULCHRE GATE, DONCASTER.

Please / * make payments / * amend the existing payments / * cancel the existing payments as detailed below

PLEASE COMPLETE THE FOLLOWING IN ALL CASES		
Account to be debited	Sort Code Number □□ - □□ - □□	Account Number □□□□□□□□□□
Account to be credited DONCASTER DARTES ASC	Sort Code Number □□ - □□ - □□	Account Number □□□□□□□□□□

IF NEW - PLEASE COMPLETE ALL AREAS	
IF AMENDMENT - PLEASE COMPLETE ONLY THE AREAS TO BE AMENDED	
Bank	Branch title (not address)
Reference to be quoted TRAINING FEES	Frequency of regular payment MONTHLY
Immediate payment required? YES / NO*	Amount of immediate payment £
Amount of regular payment £	Amount of regular payment in words
Date of next regular payment	Tax relief if applicable?
Date of final payment	Amount of final payment £

* Until you receive further notice from me / us in writing and debit my / our account accordingly.

This instruction cancels any previous order in favour of the beneficiary named above under this reference.

IF CANCELLATION - PLEASE COMPLETE THE FOLLOWING		
Amount of regular payment £	Reference	Cancel with effect from

Signature(s): _____

Date: _____

* Delete as appropriate

= If the amounts of the periodic payments vary then they should be incorporated in a schedule overleaf

Please detail any special instructions overleaf