

STANDING ORDER MANDATE



To _____ **Bank**

Address: _____

Please insert the name and address of your bankers

Please pay **THE CO-OPERATIVE BANK** **STOCKPORT** **089299**
Bank Branch title Sorting code no.

For the credit of **VIKING SUPPORTERS CO-OPERATIVE** **65060234**
Beneficiary's name account number

The sum of

First Payment £ _____
Amount in figures Amount in words

Commencing (date) _____/NOW (delete as required)
Date of first payment

and £ _____ thereafter every year/month/ _____ (delete as required)
due date and frequency

Until you receive further notice from me/us in writing

Quoting: VSC Membership No: _____ or
VSC doncasterroversfc.net Email _____ (your name)
and debit my/our account accordingly.

Please cancel any previous standing order or direct debits in favour of the beneficiary named above under this reference.

Account to be debited _____
Bank account name

sorting code account number

Signature(s) _____

Date: _____

Note: Please ensure the above is signed in accordance with the account mandate.