**Standing Order Mandate Form**

|  |  |
| --- | --- |
| To | The Manager |
| Bank name |  |
| Bank addressPostcode |  |
|  |
|  |
|  |
| Please payPayment reference Account Number Sort Code | BucksVisionDonation5162010360-01-31 |
| The sum of | £ |
|  |  |  |
| Payment frequency | Monthly |  |
| Quarterly |  |
| Annually |  |
| Commencement date |  |
| Name on account |  |
| Account number |  |
| Sort code |  |
| Signed |  |
| Date |  |

**Once completed please return the form to BucksVision**