**Standing Order Mandate Form**

|  |  |  |  |
| --- | --- | --- | --- |
| To | The Manager | | |
| Bank name |  | | |
| Bank address  Postcode |  | | |
|  | | |
|  | | |
|  | | |
| Please pay  Payment reference Account Number Sort Code | BucksVision  Donation  51620103  60-01-31 | | |
| 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**