То			Bank		STAN	DING ORDI	ER MANDATE
Postal Address	Bank	<u></u>	Branch Title (not address)				orting Code Number
Please pay	HSBC		WATFORD				40-45-28
	Beneficiary's Name			Account Nur	nber	Ouoting Refe	TENCE Gift Aid number or church
for the credit of		NFERENCE OF SEVENTH-	DAY ADVENTISTS	1 1 0	1 4 1 5 3		
	Amount	Amount in words		Leave			
the sum of	£						
	Date of first payment and		Due date and frequency	until	Date of last paym	ent	and debit my/our
commencing		thereafter every		further notice in writing or			account accordingly
Name of Account		Sorting Co	de Account N			rite details ove	e:
			ding Orders to certain types				
a) make any refe b) advise remitte c) advise benefi d) request benef e) accept instruc Payments may	er's address to beneficial ciary of inability to pay. iciary's banker to advise tions to pay as soon after the state of th	ry.  e beneficiary of rece er the specified date r more to reach the	ipt. as there are funds to meet the beneficiary's account. Your	payment, if	funds are not a		specified date.