STANDING ORDER MANDATE

To:	The Manager
Postal address: (Your bank name and address)	
Please pay:	Temple Grafton School Parent Teachers Association
Account number: Sort Code:	02805848 30-98-26
The sum of: in numbers	
in words	
Commencing on	
And thereafter	Monthly / Annually (please delete) until further notice.
Please debit the fo	ollowing account:-
Account name	
Account number	
Sort Code	
Signature:	
Date:	

This Standing Order Mandate supersedes all previous standing orders to Temple Grafton School Parent Teachers Association.