

Tarvin Community Woodland Trust Ltd STANDING ORDER MANDATE



Customer Details	BLOCK CAPITALS, PLEASE
Account in the Name (s) of	
Bank Name	
Branch Address	
Account Number	
Sort Code	
Organisation you wish to pay	
Name	TARVIN COMMUNITY WOODLAND TRUST Ltd
Name of Bank	NatWest Bank
Branch Address	The Bull Ring, NorthwichCheshireCW9 5BN
Sort Code	6 0 === 1 5 === 2 9
Account Number	7 3 5 5 6 6 5 3
Reference to be quoted on credits	For Office use
Payment Details	BLOCK CAPITALS, PLEASE
Amount of Payment	£
Day or Date of Payment	2 nd .///(Day/Month/Year)
Amount of Payment in Words	
Frequency of Payment	(e.g. MONTHLY / ANNUALLY)
Special Instructions	This mandate is to be paid as specified above until I notify you in writing. (UFN)
Customer(s) Signature(s)	
Date	
iend's Idress:	Email address:
eturn this form to John Daines, 15 Hunters Crescent, Tarvin CH3 8EY Tel: 01829 740831	

who will forward it to your Bank email: info@tarvincommunitywoodland.org