

COST OF CANCER STANDING ORDER MANDATE

Please ensure that your account number
and sort code are correct
before signing this form

To _____ bank, _____ branch

Address _____

Account to be debited

Sort Code ___ / ___ / ___

Account No _____

Account Name(s) _____

Reference _____

Beneficiary Details

NATWEST Bank
77 John Street
Porthcawl
CF36 3AT

Sort Code: **54-30-05**
Account Name: **Cost of Cancer**
Account No: **33636206**

Payment Details

Amount of first payment £ _____ Date of first payment _____

Amount of usual payment £ _____

Amount in words: _____

When paid (weekly / monthly / annually) _____

Date of usual payment _____ of the month

Amount of last payment £ _____ Date of last payment _____

Customers signature _____ Print _____

Date _____

Contact telephone number _____