

**100 CLUB STANDING ORDER MANDATE**

**YOUR DETAILS:**

**Name:**

**Address:**

Bank Name:

**Bank Address:**

**Sort Code No. Your Account Number.**

**Please Pay:**

**Recipients Name:**

**Oxford Association for the Blind 100 Club**

**Recipients Bank Account Name:**

**Recipients Bank and Branch Name:**

**Recipients Sort Code. Recipients Account Number.**

**Date of First Regular Payment. Amount and frequency £10 Monthly**

**£30 on 1st day of June, September, December and March in each year**

 **£120 Annually**

**Payment Reference Surname and No……………………………………**

**UNTIL FURTHER NOTICE IN WRITING.**

**Signature: ………………………………..**

**Date ………………………………………**