

STANDING ORDER MANDATE

TO THE BANK OR BUILDING SOCIETY

Name of Bank:					-
Bank Address: (full address please)					-
PLEASE PAY POLLOK	CREDIT UNION O	N MY/OUR BEH	HALF:		
Name of Account to be Debited:					_
		(pleas	se print)		
Account Number		S	ort Code:		-
PLEASE PAY POLLOK	CREDIT UNION L	IMITED, THE CL	LYDESDAL	E BANK PLC, HEAD OF	FICE:
Account Name:	Pollo	ok Credit Union L	imited Curr	ent Account	_
Account Number:	20319387	_	Sort Code:	82-20-00	_
PLEASE SHOW THE F	OLLOWING CRED	IT UNION REFE	RENCE ON	I ALL BANK STATEMEN	NTS:
REF: FULLNAME/CREDI	T UNION NUMBER_			Acc No	-
NATIONAL INSURANCE I	NO				_
The Sum of:	£	_ Frequency of	Payments:		_
Commencing date:					
plus any charges, which	the bank may mak	unts of payments	s effected ir ese paymer	n accordance with the ab nts on my/our behalf. Ple d above under this refere	ove instructions
Signature (s):			Date:		-

NOTE

The bank will not undertake to make any reference to value added tax, advise beneficiary of inability to pay, advise remitter's address to beneficiary or request beneficiary's banker to advise beneficiary of receipt.



STANDING ORDER

BREAKDOWN

Credit Union Member	er Number:	
Member's Full Nam	e:	
New Standing Orde	r:	Yes / No
Amendment to Existing Standing Order:		Yes / No
Existing Direct Debit:		Yes / No
Please specify the f	requency of your standir	ng order payment: RTNIGHTLY: MONTHLY:
Standing Order Pay	ment: £	
Please specify how	you would like this payn	nent to be disbursed:
Shares:	£	Loan: £
Savings:	£	Christmas Savings £
Family Account	£	Acc No
Name Of Family Me	ember	
Member Signature:		Date:
	Official	Use Only
Checked By:		Date: