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| **Border Collie Rescue - Standing Order Donation Form**   |  | | --- | | **For Welfare Funds** | | **Registered Office – Barmark, Corsock, Castle Douglas. DG7 3DS. 01644 440654** | | To make a regular standing order payment to Border Collie Rescue, please fill in this mandate and hand it in to your bank. Please Use Block capitals  **Your bank details -** |   TO - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank. Sort Code - \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  : |
| Branch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: |
| **A. Customers details.** |
| Account Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: |
| Account Number  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_  \_\_ : |
| Tel Number - Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:  Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: |
| Please set up the following standing order and debit my/our account accordingly - |
| **B. Beneficiary details.** |
| Pay to the account of **BORDER COLLIE RESCUE WELFARE FUND** at HSBC BANK - 1 Prospect Place, Darlington, DL3 7LQ |
| Account Number **7 1 5 8 9 4 9 0**       Sort Code **4 0 - 3 8 – 1 9** |
| Reference to be quoted (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: |
| **C. Payment details.** |
| Please Pay to the above beneficiary - |
| The sum of £ \_\_\_\_\_\_\_\_: In words \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: |
| Commencing On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date and thereafter Monthly. |
| Total Number of Payments \_\_\_\_\_\_\_ **OR**  Expiry date \_\_\_/\_\_\_/\_\_\_\_\_\_ **OR** Until Further Notice \_\_\_\_\_\_ **Tick if appropriate**. |
| **I / We acknowledge that the bank will not undertake to : (1) make any references to VAT or other indeterminate element - (2) advise payees address to beneficiary - (3) advise beneficiary of inability to pay - (4) request beneficiaries banker to advise beneficiary of receipt** |
| **Customers signature/s**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: |
| **Date** |
|  |
| **Bank Use Only** - Keyed By \_\_\_\_\_\_\_\_\_\_\_\_\_ (initials).   Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: |
| Served By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch |
| ITS No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ External No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |