

BANK STANDING ORDER MANDATE

To _____ BANK

ADDRESS OF BANK _____

_____ POSTCODE _____

MEMBER'S BANK DETAILS

Member's Name														
Membership Number														
Account Name														
Account Number										Sort Code				
Member's contact telephone number (work)														
Member's contact telephone number (home)														

PLEASE PAY THE DEVON LANDLORD'S ASSOCIATION

Name of Organisation	DEVON LANDLORD'S ASSOCIATION														
Bank and Branch Name	TSB BANK, St Marychurch Branch, Torquay, Devon														
Account Number	0	0	4	3	6	6	8	4	Sort Code	3	0	9	7	3	5
References to be quoted: Member's Name								Membership number							

Date of first payment	/	/
AMOUNT OF PAYMENT £65.00 (Sixty Five Pounds)	Frequency of payment <u>Yearly</u> until further notice	
SPECIAL INSTRUCTIONS: Payments will continue to be made on a yearly basis until the account holder cancels this instruction.		

By signing this for you are also agreeing to abide by the Association's Code of Practice and to accept the current Constitution and Privacy Notice.

CONFIRMATION

Customer(s) Signature(s) _____

Date: _____