

STANDING ORDER MANDATE

To the Manager (Name and address of your bank)

*

YOUR ACCOUNT DETAILS

*Sort Code: _____

*Account Number: _____

*Account Name: _____

BENEFICIARY DETAILS:

Bank: Barclays

Branch Details: Water Street, Liverpool

Sort Code: 205101

Account Number: 80549770

Beneficiary Name: Liverpool Society of Anaesthetists

PAYMENT DETAILS:

Amount of first payment: £25.00

Amount of usual payment: £25.00

Amount of usual payment in words: Twenty-five pounds

When paid: Annually

*Date of usual payment: 1st of (Month)_____ (Year)20_____

Please continue payments until further notice.

***CUSTOMER SIGNATURE:** _____

***TODAY'S DATE:** _____

***CUSTOMER CONTACT TELEPHONE:** _____

**All fields marked with an asterisk must be filled out in order for the standing order to be processed.*

Once filled out send this form to:

Dr I. Tweedie
Consultant Anaesthetist
Dept. of Anaesthesia
Univ. Hosp. Aintree
Longmore Lane
Fazakerley L9 7AL