

STANDING ORDER MANDATE

To the Manager (Name and address of your bank inc. Post Code)

*

YOUR ACCOUNT DETAILS

*Sort Code: _____

*Account Number: _____

*Account Name: _____

BENEFICIARY DETAILS:

Bank: Barclays plc

Branch Details: Lord Street, Liverpool

Sort Code: 20 51 01

Account Number: 80549770

Beneficiary Name: Liverpool Society of Anaesthetists

PAYMENT DETAILS:

Amount of first payment: **£50.00** Fifty pounds *Date of first payment: ___/___/20__

Amount of usual payment: **£50.00** Fifty pounds *Date of usual payment: 1st October

Frequency: **Annually**

Please continue payments annually until further notice.

This standing order mandate replaces/amends any previous orders from my/our account to the Liverpool Society of Anaesthetists.

*CUSTOMER SIGNATURE: _____

*TODAY'S DATE: _____

*CUSTOMER CONTACT TELEPHONE No: _____

**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 P. Mullen

Consultant Anaesthetist

Dept. of Anaesthesia

Countess of Chester Foundation Trust

Liverpool Road

Chester CH2 1UL