NORTHERN

STANDING ORDER MANDATE/FORM

The Manager

_____ Bank Limited Date _____

_____ Branch

Please make payment in accordance with the following details, debiting my/our* account number

Beneficiary NORTHERN Bank

COLERAINE Branch

Beneficiary Bank Sort Code 95 02 77

Beneficiary Account Number 31244140

Beneficiary Name BANN ROWING CLUB

Reference Number

YOUR NAME →

BANK USE ONLY

Exempt from Commission ☐

PAYMENT DETAILS

Frequency of payment *weekly/*monthly/*yearly/*other - please specify _____

	Amount	Diary Code	Date of First Payment	Date of Last Payment	or	Number of Payments
		BANK USE ONLY				
SECTION A					or	

Complete the following section(s) if subsequent payments differ.

		BANK USE ONLY				
SECTION B					or	
SECTION C					or	

Signed _____

Account Name _____

* Delete as appropriate

FOR BANK USE ONLY

OPEN	
AMEND	
CANCEL	

STOP SPECIFIC S/O	
REMOVE STOP ON SPECIFIC S/O	

STOP SPECIFIC S/O	
REMOVE STOP ON SPECIFIC S/O	

Completed by:

St 178 12/94