



## Standing Order Mandate

Please Pay The Six Counties Kidney Patients Association (SCKPA)

£5 (standard) £\_\_\_\_\_ (with optional Donation)

Instruction to Bank/Building Society (*name*) \_\_\_\_\_

Address of bank \_\_\_\_\_

Sort Code \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Account Number \_\_\_\_\_

Debiting Account Name \_\_\_\_\_

Please pay:

**CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4JQ**

Sort Code **40-52-40**

For the credit of **Six Counties Kidney Patients Association (SCKPA)**

a/c No **00008169**

The amount of £s in figures \_\_\_\_\_ The sum of (amount in words)

- \_\_\_\_\_

Paid on receipt of this instruction

and then **ANNUALLY** on the \_\_\_\_\_ day of \_\_\_\_\_ (*month*) thereafter until further notice.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Reference: SCKPA SUBSCRIPTION

*Please complete and send this Form, Membership Form and Gift Aid Declaration Form (If Applicable ) to: SCKPA Treasurer , Mike Sinfield, 20 Falstaff Close, Eynsham, Witney, Oxon OX29 4QA*