

STANDING ORDER MANDATE

To the Manager: Bank Name										
Bank Address:										
Please make the paymer		elow c	and d	ebi	t my/a	our a	CCOL	unt.		
Name of account to be debited: Mr/Mrs/Miss/Ms		Account No:								
		Sort	Code	:			1			
				-			-			
Date of 1st payment	Frequency				Date of final payment					
1st October 2018	monthly				1st April 2019					
Amount due: £					Amount due: £					
Payment words:		Payment in words:								
Bank and branch to which is to be made :	h payment									
Bank	Branch				Sort Code					
Bank of Cyprus UK	PO Box 1744, London N14 5WH				4 0 - 6 3 - 7 7					
Account to be credited	Account number of payee:									
GREEK PARENTS ASSOCIATION		6	6	2	2	3	2	1	2	
Name and reference to b	pe quoted:		<u> </u>		"			J		
Your name:										
Payments are to continue us of us (in the case of a joint of	•	e furthe	er noti	ce	in writi	ng fro	om m	e/an	y one	
Signature:			Signature:							
Name(s) in block letters please			Name(s) in block letters please							
Date:			Date:							