

ST LAZARUS CHARITABLE TRUST
BANK STANDING ORDER MANDATE

Date: _____

Name (Capitals): _____

Address: _____

_____ Postcode: _____

Bank Account No.: _____

To: The Manager

Name of Bank: _____

Address: _____

_____ Postcode: _____

Please pay £_____ monthly / annually (*delete as appropriate*)

the first payment to be made on _____ (*insert date*)

until further notice.

For the credit of: **The St Lazarus Charitable Trust**
Lloyds TSB, Guildford Branch

Sort Code: **30-93-74**

Account No.: **7204586**

This mandate cancels any previous order in favour of The St Lazarus Charitable Trust **which has the same bank details as above.**

Signature: _____

Please do not send this form directly to your bank, but return it to The Treasurer:-

Jonathan Prichard KCLJ
1, New Dorset Street, Brighton, BN1 3LL
[e-mail: jonathan.prichard@btinternet.com]