STANDING ORDER MANDATE





To the Man	ager,								• • •						. (r	ame	of	yo	ur b	anl	k)		
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Please Pay	Bank															Sorting Code Number							
	Bank of Scotland														12 – 09 – 49								
	Beneficiary's Name							Account Number									Reference: (Your name)						
credit of	Families Need Fathers - Thames Valley							2	7	7	9	6	0)	3								
	Amount																						
	£																						
	Date of first		Frequency (e.g.		e payable (e.g. 1 st	1 -	until further notice in writing or				Date of last p (optional)				t pa	payment and debit my/our account according							
	payment		Monthly / Annually)	eac	h month)															dingly			
commencing																							
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3					Under reference			Account Name: Sort Code															
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Families No																							
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Special Instru	ıctions																						
Your personal	l details:																						
Name:																							
Address:																							
			Postc	ode																			
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Following completion either hand this form in at the meeting or post to: The Treasurer, Families Need Fathers – Thames Valley, 14 Springdale, Earley, Reading, RG6 5PR

Signature(s) Date

Thank you for your support

Families Need Fathers Thames Valley Branch will not use your personal information in any way other than related to this Standing Order Mandate.

NB. These payments do not count towards your annual membership subscription for the national Charity