**CALDAY GRANGE A.S.C.**

# Standing Order payments

The following procedure is requested:

* Complete membership form (for record purposes).
* Complete Standing Order mandate below starting **1st of the next month after joining date.**
* **Make out a cheque for £20 to C.G.A.S.C.** ( to cover the first month’s payment and administration).

The first month’s payment is for the full or part month prior to the commencement of the Standing Order and Public Liability insurance cover.

**Please fill in attached form and return with completed membership form:**

………………………………………………………………………………………….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STANDING ORDER INSTRUCTIONS** | | | | | |
| To…………………………………………Bank plc ………………………..Branch | | | |  |  |
| Address:………………………………………………………………………………………………. | | | | | |
| …………………………….…………………………………………………………………. | | | | | |
| **Please pay:** |  |  |  |  |  |
| Beneficiary's Bank and Branch Name | |  |  |  |  |
|  | **BARCLAYS Bank plc North Wirral Group** | | | | |
| Sort Code | Beneficiary's account Number | Beneficiary's Name | |  |  |
| **20-50-36** | **40859095** | **CALDAY GRANGE A.S.C.** | | |  |
| First Payment\* | Date of First Payment\* | Reference |  |  |  |
| £ |  |  |  |  |  |
| Usual Payment | Start Date | Frequency | |  |  |
| **£15** |  |  | **Monthly** |  |  |
| Last Payment\* |  |  |  |  |  |
| £ | Expiry date……………………….OR until further notice | | | |  |
| ***\* Use shaded boxes if First and Last Payment differs from Usual Payment*** | | | |  |  |
|  |  |  |  |  |  |
| Please debit my/our account | Bank Sort code |  |  |  |  |
| Name: | Account Number |  |  |  |  |
|  |  |  |  |  |  |
| ***Delete one of the following:*** | |  |  |  |  |
| |  | | --- | |  | | This is a new instruction. |  |  |  |  |
| |  | | --- | |  | | Please cancel any previous Standing Order in favour of the above Beneficiary. | | | | |
|  |  |  |  |  |  |
| Signature(s) | ……………………………………….. | |  |  |  |
|  | ……………………………………….. | Date | ………………….. | |  |

26/03/2018