

STANDING ORDER MANDATE

To: The Manager _____	Bank
Postal Address of Bank: _____	

Post Code: _____	

Standing Order To:	CAF Bank Limited
Beneficiary's Name:	CARELINE
Bank Sort Code:	40-52-40
Account Number:	00007206
Reference:	SL2

Regular Amount: £ _____

Date of first payment: - -

Frequency: Monthly/Quarterly/Yearly (please delete as appropriate)

Expiry Date: - -

Special Instructions: _____

Please Debit my/our account as follows:

Bank Sort Code: - - _____

Account Number: _____

Signature(s): _____

Full Name(s) (printed): _____

Your Postal Address: _____

_____ Post Code: _____

Contact Telephone Number: _____

Payments may take three working days or more to reach the beneficiary's account

<p>Please return the completed Standing Order Mandate in the first instant to:</p> <p>The Treasurer, Careline (Ilford) The Cardinal Heenan Centre 326-328 High Road Ilford Essex IG1 1QP</p>
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