

STANDING ORDER MANDATE

Please	Bank	Branch Title (not address)	Sort Code
Pay	LLOYDS BANK	EASTGATE STREET, GLOUCESTER	77-27-09

For the	Beneficiary's Name	Account Number
Credit of	GLOUCESTERSHIRE COUNTY COUNCIL	70626168

FOR OFFICE USE ONLY	Member Name				FOR OFFICE USE ONLY		
	Group Name						
	Commencing	Date and Amount of First Payment		and then		Due date & frequency	
		/	/	£		every	14th of each month
	Instalments of	£	Until	10 instalments of			
	Quote reference	/206863/82520		£			

This instruction cancels any previous order in favour of the beneficiary named above, under this reference

CUSTOMER DETAILS

Account Holder(s) Names(s) <i>please print</i>	Sort Code	Account Number

Signature(s) _____ Date _____

This Standing Order is in relation to membership fees for:
_____ <i>please print</i>

Bank Name: _____

Address: _____

Post Code: _____

This form should be returned with your completed Music Group Membership Form to:
Gloucestershire Music, Colwell Arts Centre, Derby Road,
Gloucester GL1 4AD.

Note: The Bank will not undertake to

- (1) make any reference to Value Added Tax or other intermediate element.
- (2) advise payer's address to beneficiary.
- (3) advise beneficiary of inability to pay.
- (4) request beneficiary's banker to advise beneficiary of receipt of payment.