STANDING ORDER MANDATE

To the Manager			
Name of Bank			
Address			
Postcode			
Please pay: Lloyds	s Bank, 77 High Street, Cheli	nsford, CM1 1DU	
For the credit of:	credit of: The Essex Austin Seven Club		
	Sort Code: 30 - 91 - 85	Account Number: 023	65326
Payment reference (Surname and Initia	۱۱)		
The sum of: (in words)		Pounds £	
On the	(day),	(month),	(year)
and thereafter annual	lly until further notice and debit	my account accordingly.	
Name of account-ho	older to be debited:		
Account Number:			
Sort Code:			
Signed:		Date:	
Your Address:			
Telephone Number	<u> </u>		
Email address:			