



PARENTS AND CHILDREN TOGETHER

## STANDING ORDER MANDATE

Please complete the form below and return to PACT

To: The Manager

..... Bank PLC  
..... (Address)  
.....  
.....  
.....

Dear Sir,

Name of Account: .....

Account No: ..... Sort Code: .....

Please make payments to the debit of my account as per the following details:

**Beneficiary Name:** Oxford Diocesan Council for Social Work Incorporated

**Beneficiary Sort-Code:** 60-03-57

**Beneficiary Account No:** 78802970

**Beneficiary Reference\*:** .....

*\*Add a reference to identify payments appearing on your bank statement e.g. donation*

**Amount of First Payment:** £.....

**Amount of Further Payments:** £.....

**Start Date:** .....

**End Date\*:** .....

*\* enter until further notice if no end date required*

**Frequency:** .....

E.g. annually on 1 April, on 20th of every month

Yours faithfully,

Signature ..... Date .....

..... (Your Address)

.....  
.....  
.....  
.....



INCORPORATED IN ENGLAND

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