Please return this form direct to your bank





Standing Order Mandate

To: Bank/Building Society								
Address								
Postcode								
Bank Sort Code								
Name of Account								
Account Number								
Roll No. (Building Society only)		1						
Please pay the sum of								
	Amount in figure	S					Amount in words	
On the	Day of every month starting on							
Until*	Or *until you receive further notice in writing							
Quoting the reference	And debit my/our* account accordingly							
	Credit union men	mbership	numbe	r				
To be completed by Solway Credit Union								
To:	Unity Trust E							
For the credit of:	Solway Credit Union							
Account No:	20074469		S	Sort Code		60-83-01		
Please cancel any previous sta	nding order in fa	vour of	the ber	nefic	iary na	med abo	ve under this reference.	
Signature(s)								
Print Name								
Date								
		*Delete	as appro	priate	2			