



ST LAZARUS CHARITABLE TRUST

BANK STANDING ORDER MANDATE

Date: _____

Name (Capitals): _____

Address: _____

_____ Postcode: _____

Bank Account No: _____

To: The Manager

Name of Bank: _____

Address: _____

_____ Postcode: _____

Please pay £_____ monthly / annually (*delete as appropriate*)

the first payment to be made on _____ (*insert date*)

until further notice, **Quoting reference:** _____

For the credit of: **The St Lazarus Charitable Trust
Lloyds, Guildford Branch**

Sort Code: **30-93-74**

Account No: **07204586**

This mandate cancels any previous order in favour of The St Lazarus Charitable Trust **which has the same bank details as above.**

Signature: _____

Please do not send this form directly to your bank, but return it to the Treasurer:-

Dr. David Knox KLJ OMLJ [email: david.knox@st-lazarus.org.uk]

12 Inglemere Gardens, Arnside, Cumbria. LA5 0BX