ISLINGTON & CITY CREDIT UNION
a savings & loans co-operative

Rcd Date……...

Sent to Bank Date…….

Bank Standing Order Mandate (Adult Member)

All parts of this form MUST be completed:

Your Name As It Appears On Your Bank Account _____

Name of your bank To _____ Bank

Your Sort Code

Your Account Number

Until you receive further notice from me please pay :

The Co-operative Bank, **Islington Branch, Sort Code 08.92.50**

For the Credit of **Islington& City Credit Union Ltd** _____

6	**7**	**0**	**0**	**3**	**2**	**9**	**9**	X	**0**	**0**

(Credit Union Account Number Above).

The sum of £ _____ _____
(Amount in Figures) *(Amount in Words)*

Commencing (date) _____

and thereafter every _____
(Due Date & Frequency)

Signature of bank account holder _____ Date _____
(Credit Union Member to sign here)

FOR BANK USE
Quoting the reference

	: **:**	**S**

(Credit Union Membership Number, dot, first initial, dot, surname, dot, S dot, one (two three or four)

Please cancel any previous standing order or direct debit in favour of the Credit Union named above under this reference.
NB(delete the above line if you wish to continue your previous standing order in addition to this instruction)

Please return this form to:

Credit Union Office, 129 St John's Way, London, N19 3RQ