

STANDING ORDER MANDATE

Please complete the form below and send to your bankers. Should any change occur in the amount of rent payable, please remember to adjust the amount of your standing order. If you should change address, the Housing Reference Number must be amended.



Department of Housing and Environmental Health Services

Standing Order Mandate (all boxes must be completed)

CUSTOMER DETAILS

Account Name

Bank/Building Society and Branch Name

Account Number

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Sort Code

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COMPANY DETAILS

Name of Person/Organisation **LEEDS CITY COUNCIL**

Bank and Branch Name **NATIONAL WESTMINSTER BANK, 8 PARK ROW, LEEDS, LS1 1QS**

Account Number

0	0	0	0	0	0	0	0
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Sort Code

5	7	1	2	7	2
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Rent account reference

A									
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(shown on your rent card e.g. 123456780)

PAYMENT DETAILS

Amount of first payment (if different) £

Amount of normal payment £

Amount of normal payment in words

Day or date of payments

Frequency

(eg weekly, monthly)

Commencing

___ / ___ / ___

Total number of payments

--

or Expiry date ___ / ___ / ___

or Until further notice

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CONFIRMATION

I/We acknowledge the Bank will not undertake to:

- a. make any reference to Value Added Tax or other indeterminate element
- b. advise payer's address to beneficiary
- c. advise beneficiary of inability to pay
- d. request beneficiary's banker to advise beneficiary of receipt

Customer(s) Signature(s)

Date

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Department of Housing and Environmental Health Services

Standing Order Mandate (all boxes must be completed)

CUSTOMER DETAILS

Account Name	Mr A Sample																
Bank/ Building Society and Branch Name	Yorkshire, Dudley House, Leeds																
Account Number	<table border="1"><tr><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td></tr></table>	8	7	6	5	4	3	2	1	Sort Code	<table border="1"><tr><td>0</td><td>5</td><td>0</td><td>0</td><td>5</td><td>0</td></tr></table>	0	5	0	0	5	0
8	7	6	5	4	3	2	1										
0	5	0	0	5	0												

COMPANY DETAILS

Name of Person/Organisation	LEEDS CITY COUNCIL																
Bank and Branch Name	NATIONAL WESTMINSTER BANK, 8 PARK ROW, LEEDS, LS1 1QS																
Account Number	<table border="1"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0	0	0	0	0	Sort Code	<table border="1"><tr><td>5</td><td>7</td><td>1</td><td>2</td><td>7</td><td>2</td></tr></table>	5	7	1	2	7	2
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5	7	1	2	7	2												
Rent account reference	<table border="1"><tr><td>A</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>0</td></tr></table>	A	1	2	3	4	5	6	7	8	0	<small>(shown on your rent card e.g. 123456780)</small>					
A	1	2	3	4	5	6	7	8	0								

PAYMENT DETAILS

Amount of first payment (if different) £	175.00	Amount of normal payment £	140.00
Amount of normal payment in words	one hundred and forty pounds		
Day or date of payments	16th December 2002	Frequency	Monthly <small>(eg weekly, monthly)</small>
Commencing	16 / 12 / 02		
Total number of payments	<input type="text"/>	or Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/> or Until further notice <input checked="" type="checkbox"/>

CONFIRMATION

I/We acknowledge the Bank will not undertake to: a. make any reference to Value Added Tax or other indeterminate element b. advise payer's address to beneficiary c. advise beneficiary of inability to pay d. request beneficiary's banker to advise beneficiary of receipt	Customer(s) Signature(s)
	Mr A Sample
	Date 16-10-02