Standing Order Mandate



To the Manager:

(Insert here the name and address of your Bank)		
Please pay		
.0	Bank of Sco	otland auchiehall (800714) Branch, PO Box 1000, BX2 1LB
	Oldogow Ol	additional (000714) Branch, 1 0 Box 1000, BX2 1EB
for the credit of	The Missio	n to Seafarers Scotland Ltd
credit or	109 Avalon	n Gardens, Linlithgow, EH49 7PL
	Sort code 8	RO-07-14
		umber 06024333
Quoting ref:		
(your name)		
	_	
the sum	of:	
First payment on:		
Monthly/quarterl	ly/annually?	
Final payment date or "until further notice"?		
	<u> </u>	
This	s instruction ca	ncels any previous order in favour of The Mission to Seafarers Scotland Ltd

Your account name	
Your account number	
Signature	
Date	

Please print out this form and sign it before sending it to your bank