

STANDING ORDER MANDATE FORM



To: _____
(Bank Name)

Sort Code

Address: _____

(Bank full address inc post code)

CUSTOMER DETAILS

Account Name: _____

Account Number:

ENTERPRISE CHILDCARE – OUT OF SCHOOL CARE BANK DETAILS

Bank: ABBEY NATIONAL

Account Number:

4 1 1 9 1 4 2 6

Our Reference: OSC/ _____ (Contact our Main Office for your reference)

Sort Code:

0 9 0 6 6 6

PAYMENT DETAILS

Amount of 1st Payment: £ _____

Amount of Normal Payment: £ _____ (If different)

Date of 1st Payment: _____

Frequency of Payment: Weekly Monthly 4 Weekly

Special Instructions: _____

SIGNATURE: _____ DATE: _____

Please complete & return to your bank before commencement of the service.

