STANDING ORDER MANDATE

To	Bank plc		Bra	anch	
Please tick relevant box: New Instruction Please amend previous standing order quoting reference/beneficiary					
ACCOUNT TO BE DEBITED ↓ BENEFICE			RY DETAILS ↓		
SORT CODE		BANK	BARCLA	YS BANK	
ACCOUNT NUMBER		BRANCH DETAILS			
ACCOUNT NAME		SORT CODI	2	0 9 9	5 6
	ACCC	OUNT NUMBER	6 0 2	2 4 6 2	2 4 7
BENEFICIARY NAME GASTRO-INTESTINAL RADIOGRAPHERS SIG					
GIRSIG MEMBERSHIP NUMBER					
PAYMENT DETAILS					
AMOUNT OF FIRST PAYMENT	£15 DATE OF FI	RST PAYMENT	01	June	
AMOUNT OF USUAL PAYMENT £15 AMOUNT OF USUAL PAYMENT IN WORDS FIFTEEN POUNDS ONLY					
WHEN PAID (weekly, monthly annually etc.) Annually DATE OF USUAL PAYMENT			1 st June		
COMPLETE EITHER AMOUNT OF LAST PAYMENT	£ AND DATE OF L	AST PAYMENT			
OR PLEASE CONTINUE PAYMENTS UNTIL FURTHER NOTICE YES					
CUSTOMER SIGNATURE (S)		DATE			
CUSTOMER CONTACT TELEPHONE NUMBER					

ALL WHITE BOXES MUST BE COMPLETED IN ORDER FOR THE STANDING ORDER TO BE PROCESSED WHEN COMPLETE, PLEASE SEND TO YOUR OWN BANK FOR PROCESSING