

# Standing Order Mandate

**To the Manager:**

Name of bank: \_\_\_\_\_

Address of bank: \_\_\_\_\_

Post Code: \_\_\_\_\_

Bank sort code: \_\_\_\_\_

Name of account: \_\_\_\_\_

Account number \_\_\_\_\_

**Please set up the following Standing Order and debit the above account accordingly:**

Beneficiary account name: Association of Nurses in Substance Misuse

Bank name: National Westminster Bank plc  
Mickleover Branch

Account number 13790102

Sort code:: 54 10 56

Reference number \_\_\_\_\_ (to be quoted on Bank Statements)





Amount: £20.00 (twenty pounds only)

**Payments to commence immediately and then annually on 1<sup>st</sup> June**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Note: The Bank will not undertake to:

-  Make any reference to value added tax or other indeterminate element
-  Advise payer's address to beneficiary
-  Advise beneficiary of inability to pay
-  Request beneficiary's banker to advise beneficiary of receipt of payment

Please return this form to:  
ANSA  
37 Star Street  
Ware  
Hertfordshire  
SG12 7AA