



Please complete and bring along to any event
Or post to the office

Northern Link
The Office, Glengarry
Chorley Old Road
Horwich
Bolton
BL6 6AU

Standing Order Mandate

YOUR BANK'S ADDRESS:

tel:01204 460989
northernlink@sky.com

YOUR DETAILS

Account Name:	
Account Number:	Sort Code:

BENEFICIARY DETAILS

Name of Organisation:	NORTHERN LINK
Bank and Branch Name	HSBC 1-3 Victoria Square, Bolton, BL1 1RJ
Account Number:	Sort Code:
Reference	

PAYMENT DETAILS:

Amount (in numbers):	
Amount (in words):	
Date of First Payment	
Payment Frequency	monthly / annually (please cross out which doesnt apply)

CONFIRMATION

I/We acknowledge the bank will not undertake to:

- a) Make any reference to Value Added Tax or any 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

SIGNATURE

Customer (s) Signature(s):

Date of Signature(s):

now please complete the application form on the next sheet