

**STANDING ORDER MANDATE**

**PLEASE PRINT**

I would like to set up a  monthly  quarterly,  annual standing order of:

£15  £20  £50 or other amount £

(Please tick as appropriate)

Date of first payment  /  /20\_\_

*Please allow a minimum of four weeks from completing this form before first payment for processing.*

Title  Initials  Surname

Address

Postcode  Tel.no.

Email address

**Payment details:** Please pay the above amount on the specified date each period to:  
**Riding for the Disabled Jersey Group.** Barclays Bank, St Helier, Jersey

Sort Code \_\_\_\_\_ Account Number \_\_\_\_\_  
*To be completed by RDA Treasurer*

**PLEASE PRINT**

To the Manager of:	(name of your bank/building society)
Bank Address:	
Post Code:	

<b>Account to be debited</b>	Name of account:	
	Account Number:	Sort Code

**Please sign** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Please return this completed form to: Mrs P Parkin, Treasurer RDA Jersey, Le Petit Jardin,  
Rue a la Pendue, St Ouen, Jersey, JE3 2BH** Tel. no. 01534 483218

**THANK YOU FOR PLEDGING YOUR ONGOING DONATION**