

## Birth Trauma Association Standing Order Mandate

Name  
of your  
Bank

Address

  
  
  

Please pay by banker's standing order, cancelling any previous instructions regarding this recipient:

To Lloyds Bank  
A/C Name Birth Trauma Association  
Sort Code 30-97-41  
A/C 04179938

Amount £8.00

First payment date

(Please enter the first of the next quarter  
i.e. 1st Jan 1st April 1st July 1st  
October)

Frequency Quarterly

**Until further notice and debit my account:**

Name of account

Sort Code

Account No

I hereby authorise my bank to set -up this standing order payment from my account:

Signed

Date:

Address

  
  

Telephone

