Standing Order Mandate Form		
Your Details		
Name:		
Address:		
Post Code:		
Your Bank:		
Bank Name:		
Bank Address:		
Post Code:		
Your Account D	etails:	
Sort Code:		
Account Numbe	er:	
Please debit my account with the sum of £		
Payment to be debited on the day of, and monthly/annually thereafter until further notice.		
Please credit:		
Account Name:		Rutherglen and Cambuslang Foodbank (SCIO)
Bank Address:		17 Kincath Avenue Rutherglen Glasgow, G73 4RP
Sort Code:		80-22-60
Account No:		22074864
Reference:(Optional)		
Signed:		Dated: