

**NORTH WEST LONDON JEWISH DAY SCHOOL  
STANDING ORDER MANDATE  
JEWISH STUDIES CONTRIBUTIONS**

**ACCOUNT TO BE DEBITED**

**BENEFICIARY DETAILS**

**SORT CODE**

**BANK**

**ACCOUNT NUMBER**

**BRANCH**

**ACCOUNT NAME**

**SORT CODE**

**ACCOUNT NUMBER**

**BANK:** .....

**BENEFICIARY NAME**

**ADDRESS:** .....

**REFERENCE**

.....

**PAYMENT DETAILS**

**AMOUNT OF FIRST PAYMENT**     **£**     

**DATE OF FIRST PAYMENT**     

**AMOUNT OF USUAL PAYMENT**     **£**     

**AMOUNT OF USUAL PAYMENT IN WORDS**     

**WHEN PAID**  
(WEEKLY, MONTHLY, ANNUALLY, ETC)     

**DATE OF USUAL PAYMENT**     

**COMPLETE EITHER**  
**AMOUNT OF LAST PAYMENT**     **£**     

**DATE OF LAST PAYMENT**     

**OR PLEASE CONTINUE PAYMENTS UNTIL FURTHER NOTICE**      **YES**

**CUSTOMER SIGNATURE(S)**     

**DATE**     

**CUSTOMER CONTACT TELEPHONE NUMBER**     

**ALL WHITE BOXES MUST BE COMPLETED  
IN ORDER FOR THE STANDING ORDER TO BE PROCESSED**