

Standing Order Mandate

ealing.foodbank.org.uk

Please pass this form onto the foodbank, using the foodbank's address at the bottom, who will save a copy for their records.

They will then send it onto your named bank or building society.

	Name of y	our bank
<u>_</u>	Branch ad	dress
ınage	Town/City	Postcode
Instruction to your bank manager	Please pay	Ealing Foodbank,
	Sort code:	0 8 - 9 2 - 9 9 Account number: 6 5 6 8 6 6 4 7
	The sum of:	(in figures) (in words)
	On the:	D D / M M / Y Y Y Each: Week Month Year
	Until furthe	er notice and debit my account accordingly.
	Name of ac	count to be debited:
	Sort code:	Account number:
	Signature	Date/
10	Title	First name Last name
etails	Title Home addres	
ur details		
Your details	Home addres	Postcode
Your details	Home address Town/city Email address	Postcode
Your details	Home address Town/city Email address	Postcode ye to keep you up to date with information about Ealing Foodbank. Please tick your preference:
Your details	Home address Town/city Email address We would love	Postcode ye to keep you up to date with information about Ealing Foodbank. Please tick your preference:
Your details	Home address Town/city Email address We would lov Email a You can change Data prote 'Ealing Food Protection lee our work. To	Postcode The to keep you up to date with information about Ealing Foodbank. Please tick your preference: The post Post I do not wish to receive future communications from Ealing Foodbank The your preferences any time by contacting emailing us at info@ealing.foodbank.org.uk