

# British Paediatric Mental Health Group

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## STANDING ORDER MANDATE

To: Bank .....

Branch .....

Address .....

.....

Postcode .....

**This is a new instruction**

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### ACCOUNT TO BE DEBITED

Sort code            -- - - - -

Account number     -----

Account name .....

.....

.....

### BENEFICIARY DETAILS

Bank                    BARCLAYS

Branch                 Salford Quays

Sort code             20 - 54 - 58

Account number      30351490

Beneficiary name     RCPCH P&P Group

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### PAYMENT DETAILS

|                         |        |                       |            |
|-------------------------|--------|-----------------------|------------|
| Amount of first payment | £15.00 | Date of first payment | 01/__/20__ |
| Amount of usual payment | £15.00 | Frequency thereafter  | Annually   |

Please continue payments until further notice.

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### CUSTOMER DETAILS

Name .....

Signature .....

Telephone number.....

Date .....

**Please return to:**

**Karen Saunders, Medical Secretary, Chippenham Community Hospital, Rowden Hill,  
Chippenham, Wilts SN15 2AJ**