

**PRE-AUTHORISED PAYMENT INSTRUCTION (Standing Order Mandate)**

**PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM AND SEND IT TO YOUR BANK**

**To** (name of donor's bank) \_\_\_\_\_

**Address** (of donor's bank) \_\_\_\_\_

\_\_\_\_\_

**Please pay** HSBC, Llandrindod Wells,  
Middleton Street, Llandrindod Wells LD1 5EU

**Beneficiary's Account name**

Low Level Radiation Campaign

**Beneficiary's sort code** 40 30 05

**Beneficiary's Account number** 51384007

**Amount of payments** £ \_\_\_\_\_

**Amount** in words \_\_\_\_\_

**Date of first payment** \_\_\_ / \_\_\_ / 20\_\_\_

**\*Date of final payment** \_\_\_ / \_\_\_ / \_\_\_

OR **\*Until Further Notice** (\*delete one)

**Date due and frequency of payments** (e.g. 19th monthly) \_\_\_\_\_

**Account to be debited** (name of donor's account) \_\_\_\_\_

**Account number** \_\_\_\_\_ donor's **Branch sort code** \_\_\_ \_\_\_ \_\_\_

**Signature** [s] \_\_\_\_\_

\_\_\_\_\_

**Date** \_\_\_ / \_\_\_ /20 \_\_\_

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