

Standing Order Mandate

If you are enrolling and setting up a standing order at the same time, please fill in both forms. The other one enrolls you as a Restored Friend, and this one lets us set up a regular payment with your bank so that you don't have to remember to renew each year.

Your bank or building society

Please insert the name and full address of your bank or building society

To.....

Postcode.....
 Sort Code ___/___/___

Request to bank to begin regular payments

To the bank or building society: Please make the following payments by standing order:

Beneficiary Bank and Branch: Natwest Bank, 151 Highstreet, Poole, Dorset. BH15 1AS
 Account Name: Restored: Eating Disorders Services
 Account Number: 32824114
 Sort Code: 54-30-03
 Reference Number (office use only)
 My/ Our Name
 Amount: £.....
 Date of first payment
 Frequency of payment Monthly / Quarterly / Six-monthly / Annually (please circle)
 Date of final payment:/ ongoing
 Account to be debited : Name.....
 Account Number

- This is a new instruction
- Please cancel any previous standing order in favour of the above beneficiary under the above reference.