

Anti Academies Alliance



PO Box 5408,
Brighton BN50 8HB
office@antiacademies.org.uk
www.antiacademies.org.uk



STANDING ORDER MANDATE

(please return form to the address above or hand it to an executive member)

To (your bank/building society)

Address

.....

| | BANK | BRANCH TITLE (NOT ADDRESS) | SORTING CODE NO. |
|------------|-------------------------|----------------------------|------------------|
| Please pay | Unity Trust Bank | Birmingham | 08-60-01 |

| | BENEFICIARY'S NAME | ACCOUNT NUMBER |
|-------------------|--------------------------------|------------------------|
| For the credit of | Anti Academies Alliance | 2 0 1 8 4 6 0 5 |

| | AMOUNT IN FIGURES | AMOUNT IN WORDS |
|--------------|-------------------|-----------------|
| † The sum of | £ | |

| | DATE AND AMOUNT OF FIRST PAYMENT | and thereafter every | DUE DATE AND FREQUENCY |
|------------|----------------------------------|----------------------|------------------------|
| Commencing | * now | | |

| | DATE AND AMOUNT OF LAST PAYMENT | |
|-----------------------|---------------------------------|-----------------------------------------------------------|
| * Until | £ | * Until you receive further notice from me/us in writing. |
| Quoting the reference | Affiliation | and debit my/our account accordingly. |

Please cancel any previous standing order or direct debit in favour of the beneficiary named above under this reference.

| | SPECIAL INSTRUCTIONS | | | | | | | | | | | |
|-------------------|----------------------|--|--|-----------------------|--|--|--|--|--|----------------|--|--|
| Your Bank Details | Sort Code | | | ACCOUNT TO BE DEBITED | | | | | | ACCOUNT NUMBER | | |
| | | | | | | | | | | | | |

Signature(s)

Date

- Note: The Bank will not undertake to:
- (i) make any reference to Value Added Tax or other indeterminate element.
 - (ii) advise payer's address to beneficiary.
 - (iii) advise beneficiary of inability to pay.
 - (iv) request beneficiary's banker to advise beneficiary of receipt.

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**“A good
local school
for every
child”**

* Delete if not applicable.

† If the amounts of the periodic payments vary, they should be incorporated in a schedule overleaf.