

Standing Order Mandate

saltash.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 your bank		
	Branch address		
instruction to your bank manager	Town/City		Postcode
E	Please pay	Saltash Foodbank,	
Dank	Sort code:	0 8 - 9 2 - 9 9	Account number: 6 5 5 2 6 0 5 3
	The sum of:	(in figures)	(in words)
5	On the:	D D / M M / Y	Y Y Each: Week Month Year
Ct10	Until further notice and debit my account accordingly.		
	Name of account to be debited:		
Ë	Sort code:		Account number:
	Signature	(s)	Date
	Title	First name	Last name
our details	Home address		
ב ב	Town/city		Postcode
	Email addres		
V	We would love to keep you up to date with information about Saltash Foodbank. Please tick your preference:		
	Email and Post		
\	You can change your preferences any time by contacting us on 0800 328 2124 or emailing us at info@saltash.foodbank.org.uk		
Da Sa leg un	gislation. Sa nsubscribe f	ank is committed to protecting your p ltash Foodbank collects information to	rivacy and will process your personal data in accordance with current Data Protect becape in touch with you and supply you with information relating to our work. To be the email address above with the word unsubscribe in the subject line. A full data om the foodbank on request.