



STANDING ORDER MANDATE

Please complete this section in full in block capitals.

Please initiate the following standing order payments from the following bank account.

Bank name and address.

.....
.....
.....

Post Code.....

Name of account holder:

.....

Sort code ____ - ____ - ____

Acc No. ____ - ____ - ____ - ____

1st payment date ____/____/____ Amount £ ____

2nd payment date ____/____/____ Amount £ ____

3rd payment date ____/____/____ Amount £ ____

4th payment date ____/____/____ Amount £ ____

Monthly amount *in words* _____

N.B payment dates are one, two, three and four calendar months after registration and deposit is sent.

Signature.....

Today's Date ____/____/____

This section is completed by Bodylogic Fitness Instructor Training.

Beneficiary Name :
Bodylogic Fitness Instructor Training

Beneficiary sort code:

__ - __ - __ - __

Acc No:

__ - __ - __ - __ - __ - __

Beneficiary Bank:
Royal Bank of Scotland
Market Street
Chorley
PR7 2SD

Remitters Reference

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