

STANDING ORDER MANDATE

Please complete the form with a ball point pen and return to:

The Administrator
NFRN Credit Union Ltd
Yeoman House
Sekforde Street
London
EC1R 0HF

Please post to the account of:

Member Name _____

Member Number _____
Leave blank if you are a new member

Please enter your Bank details:

The Manager _____

Account Name _____

Account No

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Sort Code

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Please pay the:

ICICI Bank UK Ltd
45 Arjan Building
South Road
Southall
Middlesex
UB1 1SW

For the credit of:

Account Name **NFRN Credit Union Ltd**

Account No

7	5	7	6	2	2	6	9
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Sort Code

3	0
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0	0
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8	1
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Quoting ref:

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The sum of:

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 Amount in figures

Amount in words

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Date of first payment:

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and then on the _____ day of each month until further notice.

If this mandate replaces an existing mandate then please tick this box

Signature:

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Date:

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