

Digswell Lake Society

Standing Order Mandate for Existing Member

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Please return to: Mr Simon Stebbings, Hon. Membership Secretary, Digswell Lake Society, 4 Coltsfoot Lane, Bull's Green, Knebworth, Herts SG3 6SB

I am an existing member of the Digswell Lake Society. I wish to pay my annual subscription of £10.00 to Digswell Lake Society for this and subsequent years by Standing Order. Membership years run from 1st April and end on 31st March the following year.

* I want to Gift Aid my subscription of £10 and any other donations I make to the Digswell Lake Society in the future or have made in the past 4 years. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. Please notify us if you (i) want to cancel this declaration (ii) change your name or home address or (iii) no longer pay sufficient tax on your income and/or capital gains.

(* Delete this paragraph if it does not apply to you.)

Personal information may be held on computer but will only be used directly in relation to the affairs of the Society. If you object to this please write to the Hon. Membership Secretary.

Full Name (CAPS):		Signature:	
Address:			
		Post Code:	
Date:	Tel No:		
E-mail:			

Please return to Hon. Membership Secretary, NOT your Bank / Building Society DLS JUL 2016

STANDING ORDER MANDATE

Your bank	To:	Bank/Building Society					
	Address:						
	Post Code:	Sort Code:			-		-

Please pay	<i>Bank</i> BARCLAYS BANK PLC	<i>Branch</i> WELWYN GARDEN CITY	<i>Sort Code</i> 20-92-54
for the credit of	<i>Beneficiary's name</i> DIGSWELL LAKE SOCIETY		<i>Account number</i> 10308013
the initial sum of	<i>Amount</i> £10.00 (Ten pounds)	on (<i>allow 14 days for processing</i>) ___ / ___ / _____	
and thereafter the sum of	<i>Amount</i> £10.00 (Ten pounds)	<i>Due date</i> APRIL 1 st in every subsequent year	until you receive further notice from me in writing

PLEASE CANCEL ANY PREVIOUS STANDING ORDER OR DIRECT DEBIT IN FAVOUR OF THE BENEFICIARY NAMED ABOVE, UNDER THIS REFERENCE

Your account	Name of account to be debited		Account number					
	Signature:		Date:					