

OMAR FARUQUE MOSQUE AND CULTURAL CENTRE

Standing Order Mandate

Please complete this form in BLOCK CAPITALS

1. YOUR BANK DETAILS:

To: _____ Bank / Building Society

Address: _____

City: _____ Post Code: _____

Account Name: _____

Sort Code:

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 Account No:

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2. DONATION ACCOUNT YOU WISH TO PAY:

Name of account: **OMAR FARUQUE MOSQUE AND CULTURAL CENTRE**

Beneficiary Bank: **LLOYDS TSB**

Beneficiary Branch: **GONVILLE PLACE, CAMBRIDGE**

Sort Code:

3	0	1	3	5	5
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 Account No.:

0	2	9	7	8	0	2	9
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3. PAYMENT DETAILS:

Amount: £ _____ : _____ Amount in words: _____

First payment date: Day _____ Month _____ Year _____

Thereafter Due date (between 1st and 28th): _____

Frequency of payment (Please tick): Weekly Monthly or Until further notice

4. YOUR DETAILS:

Full Name: _____

Address: _____

City: _____ Post Code: _____

Tel: _____ Email: _____

5. YOUR AGREEMENT WITH YOUR BANK:

This request is addressed to the bank, which holds my account. I authorise you to debit my account in accordance with the details in sections 1 and 3.

Signature: _____ **Date:** _____

Please return this completed form to the following address or to your bank:

**Omar Faruque Mosque and Cultural Centre
Kirkwood Road, Cambridge, CB4 2PF**