

Standing Order Mandate

1. Your Details:	
Your full name or name of business	Sort Code
Your contact telephone number	Account Number
Your email address	
2. Details of Your Standing Order:	
Recipients name	Payment reference
Age UK Dacorum	
Nge on Bacolum	
Recipients bank and branch name	First payment amount
Lloyds Bank, Hemel Hempstead	£
Recipients Sort Code	First payment date
30 94 8	
Recipients Account Number	Usual payment amount
676128	
Frequency of payments	Final payment date
Weekly 4 Weekly Monthly Quarterly Half Yearly	
	OR
	Until further notice
Please give details of any special instructions	
3. Your Agreement:	
I authorise you to debit my account in accordance with the details in Section 2.	
This request is addressed to the bank which holds my account of the bank which holds m	Sunt
Mar a Characteria	
Your Signature:	
Deter	
Date:	
4. Gift Aid Declaration	
Please tick	
I would like Age UK Dacorum to claim Gift Aid on th	nis donation, and any future
donations, until further notice. I understand the charity will reclaim 25p of tax on every £1 that	
I have given.	. , , , , ,
I confirm I have paid or will pay an amount of Incor	ne Tax and/or Capital Gains Tax
for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities	
or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax	

year. I understand that other taxes such as VAT and Council Tax do not qualify.