

CREATION OF A NEW STANDING ORDER MANDATE

Please create the following Standing Order Mandate

1. Account Details

Bank name

Bank address

Account holding branch

Sort code

Account name

Account number

2. Details of the new Standing Order Mandate - please complete all of the questions

Name of the organisation you are paying

SEAL PAROCHIAL CHURCH COUNCIL

Bank name - the bank name of the organisation you are paying

LLOYDS BANK - HIGH STREET, SEVENOAKS BRANCH

Sort Code - the bank code of the organisation you are paying

3 0 - 9 7 - 4 9

Account number - the account number of the organisation you are paying

0 1 3 7 7 4 6 3

Payment reference (bank use only)

Date of first payment

D | D | M | M | M | Y | Y

(e.g. 15 JUN 2019)

Date of usual payment

D | D | M | M | M | Y | Y

(e.g. 15 JUN 2019)

Amount to be paid

£

, .

Amount to be paid in words

Payment frequency:

Weekly

Two weekly

Four weekly

Monthly

Quarterly

Half yearly

Yearly

Payable until:

EITHER - Date of final payment

D | D | M | M | M | Y | Y

(e.g. 15 JUN 2019)

OR - Continue payments until further notice

Yes

3. Confirmation

Customer signature(s)

Date

Customer contact tel no

Please return this form to Vanessa Griffiths Seal PCC Hon. Treasurer. Do not send it direct to your Bank.

The Vicarage, Church St
Seal
TN15 0AR

ST PETER & ST PAUL CHURCH, SEAL, SEVENOAKS

GIFT AID DECLARATION ('GAD')

I confirm it is my wish to make donations to **THE PAROCHIAL CHURCH COUNCIL OF ST PETER & ST PAUL, SEAL** ('Seal Parochial Church Council' or 'Seal PCC') under the GIFT AID SCHEME and this declaration is to apply, from the date hereof, to all donations, whether by my regular contributions through the Banker's Order system, or by the use of Envelopes issued under this Church's Planned Giving Scheme, or by any occasional payments I may make to Seal PCC from time to time, and is to remain in force until further notice from me in writing.

I wish Seal PCC to reclaim tax on all of my donations and confirm that I am a UK taxpayer. I understand that I must pay an amount of income tax or capital gains tax in the relevant tax year at least equal to any tax reclaimed on such donations by Seal PCC in that period.

I confirm that I will advise Seal PCC in writing of any change of circumstances relating to my tax situation.

THIS DECLARATION IS GIVEN BY:

DONOR: (Please complete the information below in BLOCK CAPITALS and in full)

Title Forename(s)

Surname

ADDRESS

.....

.....

POST CODE

CONTACT TELEPHONE NUMBERdaytime/evening (#)

Signature (normal signature)

Date:/...../.....(this should **not be later than** the first payment date)

Gift Aid Reference Number ('GARN') (to be advised after receipt of this completed GAD).

please delete whichever is not relevant.

Please return this GAD to Vanessa Griffiths, Seal PCC Hon. Treasurer.

Email: westendness@gmail.com / Tel 07734899058

The Vicarage, Church St
Seal
TN15 0AR

Seal Parochial Church Council – Gift Aid Declaration