



STANDING ORDER MANDATE

www.rls-uk.org

To: **The Manager**

Your Bank's Name: _____

Your Bank's Postal Address: _____

Please pay: HSBC, 4 Rainham Shopping Centre,
Gillingham, Kent ME8 7HW

For the credit of: RLS-UK / Ekbom Syndrome Association

Account Number 8146 7182

Sort Code 40-38-01

Reference (Your surname & postcode) _____

The sum of: Fifteen Pounds (£15)

Commencing on ___/___/___ and thereafter every 1st day of August annually until further notice and debit my account accordingly.

Account to be debited (Your Name) _____

Your Account Number _____

Your Sort Code _____

Signature _____

Date _____

This Standing Order Mandate supersedes all previous standing orders to
RLS-UK / Ekbom Syndrome Association

PLEASE DO NOT RETURN THIS FORM TO RLS-UK. PLEASE GIVE IT TO YOUR BANK.