

Please pay the following amount to:

Patients on Intravenous and Naso-Gastric Nutrition Therapy (PINNT)

Bank: Nat West PLC

Account Number: 94946213

Sort Code: 52 – 21 – 00

The sum of £ commencing on

/ / (dd/mm/yyyy)

Frequency Monthly or Quarterly or
 Yearly

Duration Number of payments _____

Or Date of last payment / / (dd/mm/yyyy)

Or Or until further notice.

Signed: _____

Date: / / (dd/mm/yyyy)

Ref: SOM May 2008



PINNT Standing Order Mandate



PINNT
PO Box 3126
Christchurch Dorset BH23 2XS
Registered Charity: 327878

Standing Orders

PINNT have previously circulated information about paying subscriptions or donation via a Standing Order but this information was contained in a leaflet that has been withdrawn.

To ensure everyone who may now wish to give to PINNT via a Standing Order we have now produced this dedicated form which comes ready for you to complete and forward to your bank.

Standing Orders are very quick and simple to set up. They are ideal for donations/subscriptions or regular monthly, quarterly or annual donations. **PLEASE** remember if you are setting it up for subscriptions we would welcome a donation! We still need you to complete and return a membership form to PINNT.

With the increased use of Internet and telephone banking you can set up a Standing Order from the comfort of your own home if you elect not to use the attached form.

To use our form please complete the sections shown on the opposite page. **Remember** you need to give your own bank details, the amount and frequency of your donations. Remember to sign and date the form.

If you would prefer to use your own bank's mandate form then simply give them a call or pop in and ask for one.

If you do not use our form then you need to ensure you have PINNT's bank details

Account Name:	PINNT
Bank:	Nat West PLC
Account Number:	94946213
Sort Code:	52 - 21 - 00



Standing Order Mandate

Instruction to your bank or building society.

Please complete **ALL** sections **CLEARLY** and in **BLOCK CAPITALS**.

Title: Mr / Mrs / Miss / Ms / Dr / Other _____

First name: _____

Surname: _____

Your address: _____

_____ **Post Code:** _____

Bank name: _____

Bank address: _____

_____ **Post Code:** _____

Account name: _____

Account number: _____

Sort code: _____

PTO