

STANDING ORDER MANDATE

Please complete this form and return it to MAW Membership Secretary, 1 Old Mill Place, Vicarage Lane, Haslemere, GU27 1NE **NOT** to your bank!

To: [name of your bank]:	
Address: [address of your bank]:	
PLEASE PAY TO: Co-operative Bank (to be completed by MAW Treasurer)	
For the credit of: Movement for the Abol	ition of War
THE SUM OF £ [amount in w	ords:]
Monthly [] (please tick one]	
Annually	
upon receipt of this mandate / with effect notice in writing.	t from (give date) until further
DEBITED FROM ACCOUNT [your account details here]	
Full name on account:	·····
Account number:	
Sort code:	
THIS REPLACES ALL PREVIOUS STAND	ING ORDERS IN FAVOUR OF THE ABOVE PAYEE
Signature:	Date:
Name:	(Please print)
Address:	
Tel: Email:	