



Food Solutions Standing Order Mandate

Please print both pages

To pay by Standing Order complete the form below with your Bank details, your name, phone number, signature and date. Also fill in your contact details on page 2.

Send to:

Food Solutions, Cheshire House, 164 Main Road, Goostrey, Cheshire. CW4 8JP

Standing Order Details	
To	Bank
Address _____	
	Post code _____
Sort Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Name	Date _ _ / _ _ / _ _
Contact Telephone Number	Name
FOR OFFICE USE	Beneficiary Reference <input type="text"/> <input type="text"/>
	Beneficiary Sort Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Beneficiary Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Beneficiary:	Food Solutions <input type="text"/> <input type="text"/> <input type="text"/>
Amount £	Amount in Words
	Date of FIRST payment _ _ / _ _ / _ _
	Then Annually from 1st Year
Signatures	_____



Contact Details

Please also complete the form below with your name and contact details and return both pages to us:

Food Solutions, Cheshire House, 164 Main Road, Goostrey, Cheshire. CW4 8JP

Contact Name.....
Business Name.....
Address.....
.....
.....Postcode.....
Telephone.....
Email.....
Nature of Business or Operation.....
.....