

To : Bank : _____

Branch : _____

STANDING ORDER MANDATE

| | | | | | | | | | | | | | | |
|---------------------------------|---|--|-------------------------------|-----------------------------|--|--|---------------------------------|--|---|---|---|---|---|---|
| Please pay for the credit of | Bank H.S.B.C. | | Bank Title STONEBOW | | | | Sorting Code 40-28-20 | | | | | | | |
| | LINCOLN UNITED FOOTBALL CLUB | | | | | | 3 | 2 | 5 | 4 | 1 | 0 | 9 | 2 |
| | Amount in figures | | | Amount in words | | | | | | | | | | |
| † the sum of | £ | | | | | | | | | | | | | |
| | Date of first payment 01 Aug 09 | | | and thereafter every | | | | Due date and frequency 1 st - Monthly | | | | | | |
| until | Date and amount of last payment | | | | | | | | | | | | | |
| | UNIT FURTHER NOTICE | | £ | n/a | | | | | | | | | | |
| Reference | CLUB DRAW | | | | | | | | | | | | | |

Please cancel any previous Standing Order in favour of the beneficiary named above under this reference.

| |
|--|
| <u>Special instructions (e.g. amount of first payment if different)</u> |
| |

| | | |
|------------------------------|------------------|-----------------------|
| Account to be debited | Sort Code | Account Number |
| | | |

Signature(s) _____ Date _____

* Delete if not applicable

- Note :
- (i) The Bank will not undertake to :
make any reference to Value Added T or other indeterminate element
 - (ii) advise payers' address to beneficiary
 - (iii) advise beneficiary of inability to pay
 - (iv) request beneficiary's banker to advise beneficiary of receipt

† If the amounts of periodic payments vary they should be incorporated in a schedule overleaf.

PLEASE FORWARD TO YOUR BANK