

Standing Order Mandate _____ Branch

Please pay	Bank	Branch Title (not address)	Sort Code
	BARCLAYS	SWINDON CENTRE	20 84 58
For the Credit of	Beneficiary's Name		Account Number
	G W STEAM LOCO FUND		80953652
The sum of	Amount in Figures	Amount in words	
	£		

Commencing	Date and amount of first payment * now	£	And thereafter every	Due Dates and Frequency
	Date and amount of last payment			
* until		£	Until you receive further notice from me/us in writing	
Quoting the reference			And debit my/our account accordingly	

Account to be debited	Account Number

Signature(s) : _____

Date : _____

- Note: The bank will not undertake to:
- * make any reference to VAT or other indeterminate element
 - * advise payers address to beneficiary
 - * advise beneficiary of inability to pay
 - * request beneficiary's banker to advise beneficiary of receipt

If the amounts of the periodic payments vary they should be incorporated in bank schedule NW81320 Rev Feb 82-1