Standing Order Authority: *Customer to complete all blank fields:*

PLEASE ENTER THE NAME AND
ADDRESS OF YOUR BANK

_____

TO:

_____

Please pay LLOYDS TSB BANK PLC
33 PACKHORSE ROAD
GERRARDS CROSS
BUCKS SL9 8PF

For the credit of OPM PROPERTY INVESTMENTS
Sort Code: 30-13-30 Account number:

Amount in figures *Amount in words*

THE SUM OF

Commencing: *enter date of first payment*

and thereafter every **month until this mandate is cancelled** in writing.

Quoting the Reference:
(first line of the rented
house addresss)

Account to be debited: *enter your name as per your cheque book*

Sort Code: *enter the sort code as per your cheque book*

Account Number: *enter the account number as per your cheque book*

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and debit my account accordingly.

Signature(s):

Date: