## Internal Transfer Authority Set up a new mandate





I/We authorise Leek United, until further not	tice, to	make a regul	lar transt	fer as	detai	led below:		
Amount of Payment:								
1st Payment Date:								
Frequency:		Weekly			Month	nly		
Day/Date:								
Transfer from Savings Account Number:								
Transfer to Savings/Mortgage Account Number:								
IMPORTANT INFORMATION  Transfers into an ISA Account  If you are setting up a mandate to make regu								
year or the previous tax year, you will also ne obtained from branch, or you can download it								
Transfers into a Mortgage Account  If you are setting up a mandate to make re is/becomes variable, Leek United will notify y to automatically amend your regular payment box:	ou prior	to any rate ch	nanges w	hich a	ffect yo	our mortgage.	If y	ou would like us
Account Holder 1								
Signature:						Date:		
Account Holder 2 (if multiple signatures are required on your account)								
Signature:						Date:		
OFFICE USE ONLY								
Branch/Department:								
Please scan to Savings Department.								
Input by:						Date:		-