



## Cotswold Mobility Service Plan Acceptance Form

Full Name

Address

Postcode

Telephone

Equipment covered under this agreement

Service Plan Code  Direct Debit payment to be taken on 5<sup>th</sup> or 20<sup>th</sup> of month  
*Delete as appropriate*

I accept the Cotswold Mobility Service Plan as detailed above and agree to abide by the Cotswold Mobility Service Plan terms and conditions.

Signed

Date

Name Block Capitals

# STANDING ORDER MANDATE

To the Manager


I/we hereby authorise and request you to debit my/our

Account name*	
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Account details

Sort code                      Account number                      Amount                      Frequency

		£	Monthly
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Beginning date (mm/yyyy)                      End date (mm/yyyy)                      Payment day of month

		5 <sup>th</sup> or 20 <sup>th</sup>
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*Delete as appropriate*

And credit

Cotswold Mobility Limited Icomb Cow Pastures Icomb, Stow on the Wold Cheltenham Glos. GL54 1JG
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Sort code                      Account number

30-95-75	01545852
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Reference (customer name and number)

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Signed

Date

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Block capitals

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\*Please ensure that the actual name of the account is included in this box so that we can accurately match your payment to our records.