

Please complete this form in **Block Capitals**

To _____ Bank Sort Code

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_____ Branch
(Full address)

A Customer's Details

Account Name _____ Account Number

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Tel No - Work _____ Tel No - Home _____

Please set up the following Standing Order and debit my/our account accordingly

B Person/Organisation you wish to pay

Name of Person/Organisation															
Bank and Branch Name															
Account Number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									Sort Code <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
Reference to be quoted (if any)															

C About the Payment

Amount Details (If the amount of the periodic payments vary they should be incorporated in a schedule overleaf)

Amount of first payment (if different) £	Amount of normal payment £
Amount of normal payments in words	
Amount of final payments (if different) £	

When Paid

Day or date of payments (eg Friday 1st, 30th May)	Frequency (eg weekly, monthly, yearly)	
Commencing Now / ___ / ___ / ___ (delete as appropriate)		
Total number of payments <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> or Expiry date ___ / ___ / ___ or Until further notice <input type="checkbox"/>		
Special Instructions		

D Confirmation

- I/We acknowledge the Bank will not undertake to:
- (i) make any reference to Value Added Tax or other indeterminate element
 - (ii) advise payer's address to beneficiary
 - (iii) advise beneficiary of inability to pay
 - (iv) request beneficiary's banker to advise beneficiary of receipt

Bank Use Only

Keyed by

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 (initials)
Date _____

Customer(s) Signature(s) _____

Date _____

Served by _____ of _____ Branch

External No _____