Standing Order Instruction



New Amend	
Please note – when filling out this form please use the tab and arrow keys to move between the relevant fields. Ensure you do not use the return or enter keys. Please complete in BLOCK CAPITALS.	
То	Bank
Please set up the following Standing Order and debit my/our account accordingly	
1. Account details	
Account name	Account number
Account holding branch	Sort code
2. Payee details	
Name of person or organisation you are paying	
Payment reference (if known) - this will appear on the bank statement of the person or organisation you wish to pay	
Sort code - the bank code of the person or organisation you are paying	
Account number - the account number of the person or organisation you wish to pay (Eight digits - if less place zeros at the front)	
Account type (if known) - the account type of the person or organisation you wish to pay Other (please specify)	
3. About the payment	
to be made?	Four weekly Monthly Monthly
Amount details Date and amount of first payment (please allow 3 working days for receipt) (DD/MM/YY	YY) £
Date and amount of ongoing payments (If different from the first payment) (DD/MM/YY	YY) £
Choose one of the following two options	
1. Date and amount of final payment [DD/MM/YY	YY) £
2. Until further notice [payments will be made unt	il you cancel this instruction)
4. Confirmation	
Customer signature(s)	
Date (DD/MM/YYYY) Date (DD	/MM/YYYY)