

# Standing Order Form

To  
The Manager  
Bank  
Address


Please complete all boxes in BLOCK CAPITALS and tick when necessary.

## Customer Account Details

Account Name

Sort code   -   -

Account number

## Section A - Set up a new Standing Order (Who do you want to pay?)

Beneficiary Name

Sort code  -  -

Account number

Reference  -SUBS

Amount of first payment  Date of first payment   /   /

Amount of usual payment

Frequency of Payment   
(Weekly/Monthly/Annually)

Please continue until further notice

All relevant sections must be fully completed for your request to be processed.

**PLEASE ENSURE YOU SIGN AND DATE THE FORM.**

(Where signing mandate is 'both' or 'all'; all relevant parties must sign to authorise.)

Customer Signature(s)

Contact Telephone Number  Date   /   /

Please complete the above form and post or hand in to your local branch