Standing Order Instruction



Amend

New

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	t 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 statement of the person or organisation you wish to	
Sort code - the bank code of the person or organisat you are paying	ion
Account number - the account number of the persor or organisation you wish to pay (Eight digits - if less place zeros at the front)	
3. About the payment	
How often are the payments Weekly to be made Quarterly	Two weekly Four weekly Monthly Half yearly Yearly
Amount details Date and amount of first payment (please allow 3 working days for receipt)	(DD/MM/YYYY) £p
Date and amount of ongoing payments (If different from the first payment)	(DD/MM/YYYY) £ p
Choose one of the following two options	
1. Date and amount of final payment	(DD/MM/YYYY) £ . p
2. Until further notice (pc	yments will be made until you cancel this instruction)
4. Confirmation	
Customer signature(s)	
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)
	k of Scotland plc Registered in Scotland No 83026 Dffice: 36 St Andrew Square, Edinburgh EH2 2YB