

Request for a Standing Order

To: The Manager _____

You are authorised to set up a Standing Order on my/our account as specified below. My/Our account will at all times contain sufficient funds to enable each payment to be effected on the due date.

I understand that if three consecutive payments are not made due to insufficient funds the Bank may cancel this standing order without further reference to me.

Customer Details

NAME: _____

ACCOUNT: Sort Code: - -

Please complete and submit at least 5 working days before commencement of first payment date.

NEW Standing Order (From above Current Account)

BENEFICIARY NAME: The Integration Centre

BENEFICIARY ACCOUNT: Sort Code: - -

REFERENCE: _____

FREQUENCY: (ie – weekly, monthly) _____

START DATE:

D	D	M	M	Y	Y	Y	Y
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 AMOUNT:

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EXPIRY DATE:

D	D	M	M	Y	Y	Y	Y
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 AMOUNT:

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AMOUNT IN WORDS: _____

AMEND Standing Order

CANCEL Standing Order

S/O NUMBER:

BENEFICIARY NAME: _____

ACCOUNT NUMBER:

AMOUNT: NEW AMOUNT: .

EFFECTIVE FROM:

OTHER: _____

CUSTOMER'S SIGNATURE: _____ Date: _____