

Standing Order Instruction Form



Please complete this form in BLOCK CAPITALS and black ink

To: The Manager, _____ (Name of your Bank)
Branch Address _____

1. Your Account Details

Account Name Account No.
Account Branch Sort Code

2. Payee Details

Name of the organisation to be paid

Payment Reference (*your name*) – this will appear on the Bank Statement of the organisation you wish to pay

Sort Code – the Bank Code of the organisation you are paying

Account Number – the Account Number of the organisation you are paying (8 Digits – if less than 8 digits please place zeros in front)

3. Payment Details

Payments to be made Weekly 2 Weekly 4 Weekly Monthly
Quarterly Half Yearly Yearly

Date & Amount of First Payment £ :
(*please allow 3 working days for receipt*)

Date & Amount of On-going Payments £ :
(*if different from first payment*)

Please choose one of the following two options:

1. Date & Amount of Final Payment £ :

2. To continue until further notice (payments will continue until cancelled)

4. Confirmation

Customer(s) Signature(s)

Date: