



# Standing Order Form

All sections **must** be completed



1	<b>Your details</b>										<b>Your bank details</b>																															
	Full name and address of <b>bank</b>										Name of Account Holder																															
											Sort code																															
	Post code:										Account number																															
	Your contact telephone number																																									
2	<b>Standing Order details</b>																																									
											Yes					No					Monthly																					
	Does this instruction replace any existing standing order or direct debit instructions?										<input type="checkbox"/>					<input checked="" type="checkbox"/>					How often do you want the payment made?					<input checked="" type="checkbox"/>																
	If yes please give details in special instructions										Special instructions																															
	Recipients name																																									
	A T WALKINSHAW																																									
	Recipients bank and branch name																																									
	Nationwide Building Society PO Box 8888, Nationwide Hse, Pipers Way, Swindon, SN38 1NW																																									
	Recipients sort code										Recipients account number																															
	0			7			4			4			5			6			3			9			1			6			5			5			9			0		
	First payment amount					First payment date					Your payment reference																															
	£					0 1 M M 2 0 1 2																																				
	Usual payment amount										Usual payment in words																															
	£																																									
	Final payment (if different to usual)										Final payment date (if applicable)					Until further notice																										
£															OR <input checked="" type="checkbox"/>																											
3	<b>Your agreement with us</b>										<b>For bank use only</b>																															
	I authorise you to debit my/our account in accordance to the details in Section 2. This request is addressed to the bank which holds my/our account										Customers identity must be confirmed before completion (✓) <input type="checkbox"/>																															
	Your signature (s)										From branch name																															
	Date:										Sort code																															
										Contact name																																