

NEW STANDING ORDER MANDATE

Serial Number

--	--	--	--

To

Please make payments as detailed below.

PLEASE COMPLETE THE FOLLOWING IN ALL CASES		
Account to be debited	Sort Code number □□ - □□ - □□	Account number □□□□□□□□
Account to be credited	Sort Code number □□ - □□ - □□	Account number □□□□□□□□

PLEASE COMPLETE ALL AREAS	
Bank	Branch title (not address)
Reference to be quoted	Frequency of regular payment
Immediate payment required? YES/NO*	Amount of immediate payment £
† Amount of regular payment £	Amount of regular payment in words
Date of next regular payment	Tax relief applicable? YES/NO*
Date of final payment	Amount of final payment £

*until you receive further notice from me/us in writing and debit my/our account accordingly.

Signature(s) _____ Date _____

- * Delete as appropriate
- † If the amounts of the periodic payments vary they should be incorporated in a schedule overleaf.

Please detail any special instructions overleaf