

STANDING ORDER Set Up Form

Beneficiary logo /Name if applicable

To the
Manager

Branch
Address

I /We hereby authorise and request you to debit my/ our account
(Details of the account from which payments will be made)

Account
Name:

**BIC (optional
from Feb 1st
2016)**

IBAN

and to Credit the Beneficiary/Receiver account
(Details of the account to which payments will be made)

Account
Name:

**BIC (optional
from Feb 1st
2016)**

IBAN

*Beneficiary
/Receiver
Reference

Reference will appear on Beneficiary /Receiver statement

Start Date
(cannot be
historic)

Frequency

Weekly	<input type="text"/>	Fortnightly	<input type="text"/>	Monthly	<input type="text"/>
Quarterly	<input type="text"/>	Annually	<input type="text"/>	Other	<input type="text"/>

Number of
Payments
Amount

Signature

Date

Signature

Date

Please allow 5 working days prior to the first payment due date.

Please return the completed form to your branch.