To: *Your Bank Name Here*

Please tick box ☑ Set up a new Standing Order

Customer Account Details

Account Name [_____]

Sort Code ☐☐ - ☐☐ - ☐☐

Account Number ☐☐☐☐☐☐☐☐

Set up a new Standing Order

Beneficiary Details – Who you want to pay

Sort Code 2 0 - 6 9 - 8 5

Account Number 9 0 5 7 2 8 4 5

Beneficiary Name N O A H S ☐ A R C

Reference [_____]

Payment Details

Amount of first payment £[_____]

Amount of usual payment £[_____]

Frequency of payment [_____]
(Weekly/Monthly/Annually)

Date of first payment ☐☐ / ☐☐ / ☐☐
(Allow 7 days)

Continue until further notice ☑

Customer to complete the following boxes

Customer Signature(s) [_____] [_____]

(Where signing mandate dictates both / all to sign, all parties must authorise instruction)

Customer Contact Phone Number [_____]

Date ☐☐ / ☐☐ / ☐☐

Please send the completed form to Your Bank