

Please complete this form in BLOCK CAPITALS and in black ink

To _____ Bank

Please set up the following Standing Order and debit my/our account accordingly

1. Account details

Account name _____ Account number

Account holding branch _____ Sort code

2. Payee details

Name of person or organisation you are paying

Payment reference (if known) - this will appear on the bank statement of the person or organisation you wish to pay (Your Child's Name)

Sort code - the bank code of the person or organisation you are paying

Account number - the account number of the person or organisation you wish to pay (Eight digits - if less place zeros at the front)

3. About the payment

How often are the payments to be made

Weekly	<input type="checkbox"/>	Two weekly	<input type="checkbox"/>	Four weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>	Half yearly	<input type="checkbox"/>	Yearly	<input type="checkbox"/>		

Amount details

Date and amount of first payment (please allow 3 working days for receipt) £

Date and amount of ongoing payments (If different from the first payment) £

Choose one of the following two options

1. Date and amount of final payment £

2. Until further notice (payments will be made until you cancel this instruction)

4. Confirmation

Customer signature(s)

Date _____

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