

STANDING ORDER FORM

Bank Name: _____ Branch: _____

Account Holder Details:

Full Name: _____

Address: _____

Postcode: _____

Telephone: _____

Email: _____

Bank Account Details:

Account Name: _____

Sort Code (six digits): _____

Account Number: _____

Standing Order Instructions:

Amount (£): _____ In Words: _____

Payment Frequency: _____

Start Date: _____ End Date (if any): _____

Payee Details:

Payee Name: _____

Bank Name: _____

Sort Code: _____

Account Number: _____

Authorisation:

I hereby authorise you to debit my account with the standing order amount detailed above, subject to the terms and conditions set by my bank. I understand that this instruction remains in force until I cancel it by written notice. I confirm that the information provided is correct and agree to indemnify the bank against any claims arising from incorrect information.

Terms and Conditions:

1. The payer must ensure sufficient cleared funds are available in the account on the payment dates.
2. The bank accepts no liability for any loss arising from the payer's failure to provide funds.
3. The payer must notify the bank of any changes to payee details in writing prior to the next payment.
4. The payer may cancel or amend the standing order at any time by written instruction to the bank.
5. The bank reserves the right to refuse standing order instructions that do not comply with its policies.
6. This standing order is governed by UK banking laws and regulations, including the Payment Services Regulations.

Account Holder Signature

Bank Official Signature

Signature: _____

Signature: _____

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