



Standing Order Mandate

Details of Account to be Debited

Sort Code: <input type="text"/>	Branch: _____
Account Number: <input type="text"/>	Customer Name: _____

Originators Details * Ref. Book B Pgh. B16B2 for details

Payment Frequency Details

For Branch, Business and Corporate Banking Use Only *Reference Only: _____ (0, 1 or 2) Handling/Set-up Charge: _____ (0 or 1) *Data Retention Ind _____ (0 or 1) Chargeable Ind _____ (0 or 1) *Classification Code _____ * Frequency code _____	Frequency (eg. Monthly) _____ Date First Payment: ___/___/_____ (eg. 06/08/2002) Date First Regular Payment: ___/___/_____ Second Payment Date _____ No. of Payments: _____ or Date Final Payment ___/___/___ or Until Further Notice Code 999 (Delete as appropriate)
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Payee (Beneficiary) Details

Amount Details

Bank Sort Code: <input type="text"/> Account Number: <input type="text"/> Name of Beneficiary: _____ Reference Number (if any) : _____ Name of Bank and Branch: _____ Amount in Words: _____ Special Instructions (if any) _____	**First: £ _____ Regular: £ _____ **Final: £ _____ ** Only enter an amount if "First" and/or "Final" amounts are different from the "Regular" amount. If the amounts of the periodic payments vary, they should be incorporated in a schedule overleaf.
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Please debit, my/our account number and pay, on the dates specified above, the amount(s) specified above for credit of the account specified above, until you receive further notice from me/us in writing. I understand that charges, as detailed in the Bank's Charges brochure and which will change from time to time, will apply to each payment made on foot of this mandate and will be debited from my/our account in addition to the figure(s) quoted above.

- I/We note that the Bank will not undertake to:
- (i) make any reference to Value Added Tax or other indeterminate element
 - (ii) advise payer's address to beneficiary
 - (iii) advise beneficiary of inability to pay
 - (iv) request beneficiary's banker to advise beneficiary or receipt

Signature(s) _____

Date _____

For Branch, Business and Corporate Banking Use Only: I confirm that signature(s) are correct as per mandate held for signing authority on this account Branch Signature _____
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