

To: The Manager, _____

You are authorised to set up a Standing Order on my/our account as specified below.

My/Our account will at all times contain sufficient funds to enable each payment to be effected on the due date.

I understand that if three consecutive payments are not made due to insufficient funds the Bank may cancel this standing order without further reference to me.

Customer Details

NAME: _____

ACCOUNT:

NSC: - -

Please complete and submit at least 5 working days before commencement of first payment date.

NEW Standing Order (From above Current Account)

BENEFICIARY NAME: _____

BENEFICIARY ACCOUNT:

NSC: - -

REFERENCE: _____

FREQUENCY: (ie - weekly, monthly) _____

Please Print Clearly

START DATE:

AMOUNT: .

EXPIRY DATE:

AMOUNT: .

AMOUNT IN WORDS: _____

CUSTOMER'S SIGNATURE: _____ Date: _____

AMEND Standing Order
CANCEL Standing Order

tick as appropriate

S/O NUMBER:

BENEFICIARY NAME: _____

ACCOUNT NUMBER:

AMOUNT: .

NEW AMOUNT: .

EFFECTIVE FROM:

OTHER: _____

CUSTOMER'S SIGNATURE: _____ Date: _____

Account Verified:	ID / PIN	<input type="checkbox"/>
	Cust Known	<input type="checkbox"/>
Taken By: _____		
Authorised By: _____		
Filing Instruction:	Customer File	<input type="checkbox"/>
	Daily Instruction File	<input type="checkbox"/>