

NEW STANDING ORDER AUTHORITY

Please complete in BLOCK CAPITALS and tick the relevant boxes. Return to your Bank.

Customer Details	
Account in the name(s) of	<input type="text"/>
Bank and Branch	<input type="text"/>
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sort Code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Instruction Details	
Does the authority replace an existing Standing order	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
or	
Direct Debit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Important: If Yes, please give details in Special Instructions Section below	
Organisation you wish to pay	
Name	<input type="text" value="Bournemouth Karate Academy"/>
Bank and Branch	<input type="text" value="Lloyds TSB Plc"/>
Account Number	<input type="text" value="3"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="8"/>
Sort Code	<input type="text" value="3"/> <input type="text" value="0"/> - <input type="text" value="9"/> <input type="text" value="1"/> - <input type="text" value="0"/> <input type="text" value="8"/>
Payment Details	
Amount of First Payment	<input type="text" value="£45.00"/>
Date of First Payment	<input type="text"/>
Thereafter	
Amount of Usual Payment	<input type="text" value="£45.00"/>
Amount of Usual Payment in words	<input type="text" value="Forty Five Pounds 00p only"/>
When paid	<input type="text" value="Monthly"/>
Date of payment	<input type="text" value="5th Month"/>
Please continue Payments UNTIL FURTHER NOTICE <input checked="" type="checkbox"/> Yes	
Special Instructions	<input type="text" value="Please identify the payment to the BKA with the Academy member's name as follows:"/>
Customer(s) Signature	<input type="text"/>
Daytime telephone number	<input type="text"/>
Date	<input type="text"/>