

Your instruction to set up anew, amend or cancel a,

Standing Order

The easy way to make regular payments from your account

1 Your Details

Please write clearly in the white spaces with capital letters or Tick boxes

Your full Name or name of business

Branch name

Your contact telephone number

Sort Code

Account number

All sections must be completed

2 Standing Order details

How often do you want payments made?

Does this instruction replace any existing standing order or direct debit instructions?

Yes

No

Weekly

4 Weekly

Monthly

If 'YES' please complete section overleaf or detail in special instructions opposite.

Quarterly

Half yearly

Yearly

If 'NO' please complete all remaining boxes.

Special instructions

1. Ensure you fill in all dates where asked.
2. Make sure you sign and date this form.
3. When complete, send to your bank not BOBA.

Please allow up to three working days for the funds to reach the recipient's account

Recipient's name:

Beachley Old Boys' Association

Recipient's bank & branch name:

Lloyds TSB, CHEPSTOW, 7 Manor Way

Recipient's sort code

3 | 0 | 9 | 1 | 8 | 9

Recipient's Account number

0 | 0 | 0 | 9 | 8 | 8 | 5 | 2

First payment amount (If different to usual amount)

First payment date (Month & Year)

0 | 1 | | | 2 | 0 | | |

Usual amount

£ 1 0

Usual payment amount in words

TEN POUNDS STERLING

Second payment amount (If different to usual amount)

Second payment date (Fill in year)

0 | 1 | 0 | 4 | 2 | 0 | | |

Until further notice (X)

To Bank

Please note that the second payment and all consequent payments are to be made on 01 April of each year.

Your payment reference (max 18 characters) (Surname, Initials & Group)

(e.g. Humperdink, E, 27A)

3 Your agreement with us

Lloyds TSB Bank plc
Registered office
25 Gresham St
London EC2V 7HN
Registered in England & Wales No 2065

Please note that we will not;
1. Make any reference to VAT or any other indeterminate element.
2. Advise your address to the person/organisation you are paying.
3. Tell the person/organisation you are not able to pay.
4. Ask the bank of the person/organisation you are paying to tell this person/organisation when payments are received.

ID confirmed (for bank use only)

Your signature _____

Date _____

Lloyds TSB Scotland plc
Registered office
Henry Duncan House
120 George St
Edinburgh EH2 4LH

I authorise you to debit my/our account, in accordance with the details shown in Section 2.

This request is addressed to the bank which holds my/our account.

For bank use only

Registered in Scotland
No 95237

Signatories to the Banking Codes

From branch name

Sort Code

| | | | | |

Contact name
