

Please complete form and return. We will submit the form to your bank 15 working days before the first payment is due.

SECTION 1		Complete this section in full	
TO	[Redacted]		X Your Bank/ Building Society
ADDRESS	[Redacted] X		
	[Redacted] X		
POSTCODE	[Redacted] X		
Leave Blank - office use only			
PLEASE PAY	BENEFICIARY BANK	BRANCH ADDRESS	SORT CODE
			__-__-__-__
	BENEFICIARY ACCOUNT NAME		ACCOUNT NUMBER
For the Credit of			

SECTION 2		Complete this section in full	
COMMENCING	FIRST PAYMENT DATE		
	[Redacted] 1st AUGUST 2012		
THE SUM OF	AMOUNT IN FIGURES	AMOUNT IN WORDS	
£	[Redacted] X		
THEREAFTER	FREQUENCY	DAY OF THE MONTH	
	[Redacted] MONTHLY	[Redacted] FIRST	
UNTIL	LAST PAYMENT DATE		
	[Redacted] 1st JUNE 2013		

QUOTING THE REFERENCE	[Redacted]	Enter Surname
Please cancel any previous standing order in favour of the name beneficiary, under this reference.		

SECTION 3		Complete this section in full	
NAME OF ACCOUNT TO BE DEBITED	[Redacted] X		
SORT CODE	ACCOUNT NUMBER		
[Redacted] X	[Redacted] X		
SIGNATURE(S)	DATE		
[Redacted] X	[Redacted] X		X