

## Regular Payments Form

Please Tick relevant box

- Set up a **New** Standing Order ( Complete **Section A**)
- Amend an **existing** Standing Order ( Complete **Section B**)
- Cancel an **existing** Standing Order or Direct Debit ( Complete **Section C**)

### Customer Account Details:

Account Name:	Sort Code _____ - _____ - _____
	Account Number _____

### Section A - Set up a NEW Standing Order

**Beneficiary Details** - (Who do you want to pay?)

Sort Code <b>20 - 98 - 74</b>	Beneficiary Name <b>1<sup>st</sup> Ferring Sea Scouts</b>
Account Number <b>6 3 5 4 0 5 6 1</b>	Reference ( Scout(s) Name )

### Payment Details - £12.50 per child

Amount of First Payment £	Date of First Payment ___ / ___ / _____
Amount of Usual Payment £	Date of Usual Payment <u>0</u> / <u>1</u> / ___ / _____
Frequency of Payment (Weekly/Monthly/Annually) <b>Monthly</b>	Date of Last Payment ___ / ___ / _____
or continue payment Until Further Notice	<b>Yes</b> / <del>No</del> Delete as appropriate

### Section B - Amend an EXISTING Standing Order

<b>Beneficiary Name - (Who are you paying?)</b>	Name: <b>1<sup>st</sup> Ferring Sea Scouts</b>
Amend payment amount from: £	To: £
Amend payment date from: ___ / ___ / _____	To: ___ / ___ / _____
Amend payment frequency from: ___ / ___ / _____	To: ___ / ___ / _____
Amend date of last payment from: ___ / ___ / _____	To: ___ / ___ / _____
Amend reference number from:	To:
Effective from : ___ / ___ / _____	

### Section C - CANCEL an existing Standing Order or Direct Debit

**important: if a payment is due within the next 5 working days, immediately contact your local branch to cancel**

Beneficiary / Originator Name: (who you no longer want to pay)	Name: <b>1<sup>st</sup> Ferring Sea Scouts</b>
Amount: £	Usual Payment date: ___ / ___ / _____
	I wish to cancel with effect from: ___ / ___ / _____

**All relevant sections above must be fully completed for your request to be processed.**

**PLEASE ENSURE YOU SIGN AND DATE THE FORM BELOW:-**

**(Where signing mandate is 'both or 'all' to sign, all relevant parties must sign to authorise.)**

Customer Signature(s) \_\_\_\_\_

Customer Contact Telephone Number \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_\_\_

**Please forward this completed form to YOUR bank**