

New standing order

Please write clearly in **black ink** in the white spaces with capital letters or cross the boxes.

Please return the **original** form as photocopies are not acceptable.

All sections must be completed.

1 Your details

Your full name or name of business

Sort code (being debited)

Account number (being debited)

Your contact telephone number

Branch name

2 Details of your standing order

Does this instruction replace any existing **standing order** or **direct debit** instructions? Yes No

Payment reference (if applicable)

If **yes** please give details in special instructions below and arrange to cancel them.

First payment amount (if different to usual payment)

Recipient's name

£

Recipient's bank and branch name

First payment date

D D M M Y Y

Recipient's sort code (6 digits)

Recipient's account number (8 digits)

Usual payment amount

£

How often do you want the payment made?

Other frequencies (give details)

Weekly 4 weekly Monthly Quarterly Half yearly Yearly

Please give details of any special instructions

Final payment amount (if different to usual payment).

This must have a final payment date

£

Final payment date (if applicable)

D D M M Y Y

OR

Until further notice

3 Your agreement with us

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

Your signature(s)

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

PERSONAL CUSTOMERS - To check your account or amend a standing order call the Contact Centre on 08457 213141

Once you have completed this form, please return it to:

Halifax, PO Box 548, Leeds, LS1 1WU.

Date

For bank use only

ID type and reference number

SMD checked

Sort code

For 30-00-02 accounts and all corporate customers, send the completed form to City Office, Gillingham, Kent, TNT 23.

Branch stamp