Standing Order Instruction



New Amend	
Please note – when filling out this form plea do not use the return or enter keys. Please of	se use the tab and arrow keys to move between the relevant fields. Ensure you omplete in BLOCK CAPITALS.
То	Bank
Please set up the following Standing Order of	and debit my/our account accordingly
1. Account details	
Account name	Account number
Account holding branch	Sort code
2. Payee details	
Name of person or organisation you are pay	ing DIOCESE OF MENEVIA GENDROS PARISH
Payment reference (if known) - this will apper statement of the person or organisation you	
Sort code - the bank code of the person or a you are paying	rganisation 5S-61-20
Account number - the account number of the or organisation you wish to pay (Eight digits - if less place zeros at the front)	e person 90264630
Account type (if known) - the account type of the person or organisation you wish to pay	Other (please specify)
3. About the payment	
How often are the payments Weekly to be made? Quarterly	Two weekly Four weekly Monthly Half yearly Yearly
Amount details Date and amount of first payment (please allow 3 working days for receipt)	(DD/MM/YYYY) £ .
Date and amount of ongoing payments (If different from the first payment)	(DD/MM/YYYY) £
Choose one of the following two options	
1. Date and amount of final payment	(DD/MM/YYYY) £ .
2. Until further notice	(payments will be made until you cancel this instruction)
4. Confirmation	
Customer signature(s)	

Date (DD/MM/VVV)

Date (DD/MM/VVVV)