

Regular Payments Form

Please tick relevant box

- Set up a new standing order (please complete section A)
- Amendment to existing standing order (please complete section B)
- Cancel an existing order or Direct Debit (please complete section C)

Customer Account Details

Account Name	<input type="text"/>	Sort Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/>	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please complete relevant section below and then sign and date the form,

Section A - Set up a new standing order

Beneficiary Details - Who you want to pay

Sort Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Beneficiary Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Reference	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Payment Details

Amount of first payment	£	<input type="text"/>	Date of first payment	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Amount of usual payment	£	<input type="text"/>	Date of last payment	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Frequency of Payment (Weekly/Monthly/Annually)		<input type="text"/>	Date of usual payment	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
			or please continue until further notice				<input type="checkbox"/>	

Section B - Amendment to existing standing order

Beneficiary Name (who are you paying)	<input type="text"/>		
Amend payment amount from	<input type="text"/>	to	<input type="text"/>
Amend payment date from	<input type="text"/>	to	<input type="text"/>
Amend payment frequency from	<input type="text"/>	to	<input type="text"/>
Amend date last payment from	<input type="text"/>	to	<input type="text"/>
Any other amendments	<input type="text"/>		

Section C - Cancel an existing standing order or Direct Debit

Beneficiary /Originator name (who you no longer want to pay)	<input type="text"/>
Please advise direct debit originator of cancellation	
I wish to cancel with effect from	<input type="text"/>
If payment is due within 5 working days please either use Online Banking before 6.30pm the day before or contact your branch	
Any other cancellation details	<input type="text"/>

All boxes must be completed in order for your request to be processed

Customer Signature(s)	<input type="text"/>	<input type="text"/>
Customer Contact Telephone Number	<input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Where signing mandate dictates both / all to sign, all parties must authorise instruction.

Please return the completed form to: Barclays Bank Leicester LE87 2BB