

Regular Payments Form

	Amendment to ex		(please complete section B) t (please complete section C)
Customer Account De	tails		
Account Name		Sort Code	
		Account Number	
Please complete releva	nt section below	and then sign	and date the form,
Section A - Set up a ne	w standing order		
Beneficiary Details - Who you	u want to pay		
Sort Code 2 0 5	0 8 2	Beneficiary Name	
Account Number 9 3 8	0 2 0 9 4	Reference	
Payment Details			
Amount of first payment	£	Date of first payme	
Amount of usual payment	£	Date of last payment	
Frequency of Payment		Date of usual payment	
(Weekly/Monthly/Annually) or please continue until further notice		e until further notice	
Amend payment date from		to	
Amend payment frequency from Amend date last payment from Any other amendments		to to	
Amend date last payment from Any other amendments	visting standing	to	t Dobit
Amend date last payment from Any other amendments Section C - Cancel an e		order or Direc	t Debit
Amend date last payment from Any other amendments	you no longer want to pay)	order or Direc	t Debit
Amend date last payment from Any other amendments Section C - Cancel an e Beneficiary /Originator name (who Please advise direct debit originator	you no longer want to pay)	order or Direc	t Debit
Amend date last payment from Any other amendments Section C - Cancel an e Beneficiary /Originator name (who Please advise direct debit originator I wish to cancel with effect from	you no longer want to pay) of cancellation	order or Direc	
Amend date last payment from Any other amendments Section C - Cancel an e Beneficiary /Originator name (who Please advise direct debit originator I wish to cancel with effect from	you no longer want to pay) of cancellation	order or Direc	Opm the day before or contact your branch
Amend date last payment from Any other amendments Section C - Cancel and Beneficiary / Originator name (who Please advise direct debit originator I wish to cancel with effect from If payment is due within 5 working Any other cancellation details	you no longer want to pay) of cancellation days please either use Onlin	order or Direct	Opm the day before or contact your branch
Amend date last payment from Any other amendments Section C - Cancel an e Beneficiary /Originator name (who Please advise direct debit originator I wish to cancel with effect from If payment is due within 5 working Any other cancellation details All boxes must be com	you no longer want to pay) of cancellation days please either use Onlin	order or Direct	Opm the day before or contact your branch
Amend date last payment from Any other amendments Section C - Cancel and Beneficiary / Originator name (who Please advise direct debit originator I wish to cancel with effect from If payment is due within 5 working Any other cancellation details	you no longer want to pay) of cancellation days please either use Onlin pleted in order fo	order or Direct	Opm the day before or contact your branch

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