

NEW STANDING ORDER AUTHORITY

Please complete in BLOCK CAPITALS and tick the relevant boxes. Send this form direct to your Bank.

BKA Member's Account Details - <i>Please complete all requested information</i>									
Account in the name(s) of	<input type="text"/>								
Bank and Branch	<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"/>								
Sort Code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>								
Instruction Details <i>Please tick one box only</i>									
Does the authority replace an existing Standing Order	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Important: If Yes, please CANCEL the previous standing order this new authority replaces.									
Organisation you wish to pay									
Name	<input type="text" value="Ernest Molyneux t/a Bournemouth Karate Academy"/>								
Bank and Branch	<input type="text" value="Bank of Scotland, Edinburgh (Branch ID: 4885)"/>								
Account Number	<table border="1"><tr><td>0</td><td>6</td><td>2</td><td>2</td><td>8</td><td>0</td><td>8</td><td>3</td></tr></table>	0	6	2	2	8	0	8	3
0	6	2	2	8	0	8	3		
Sort Code	<table border="1"><tr><td>1</td><td>2</td><td>-</td><td>2</td><td>4</td><td>-</td><td>8</td><td>1</td></tr></table>	1	2	-	2	4	-	8	1
1	2	-	2	4	-	8	1		
Payment Details									
Amount of First Payment	<input type="text" value="£30.00"/>	Date of First Payment	<input type="text"/>						
<i>Please complete</i>									
Thereafter									
Amount of Usual Payment	<input type="text" value="£30.00"/>								
Amount of Usual Payment in words	<input type="text" value="Thirty Pounds 00p Only"/>								
When paid	<input type="text" value="Monthly"/>	Date of payment	<input type="text" value="5th of mth"/>						
Please continue Payments UNTIL FURTHER NOTICE		<input checked="" type="checkbox"/>	Yes						
Special Instructions <i>Please complete</i>		<input type="text" value="Please identify the payment to the BKA with the member's name as follows:"/> <i>e.g. the BKA member's name: Andrew Smith or Bridget Jones</i>							
Account Holder's Signature		<input type="text"/>							
<i>Bank Account signatory to sign</i>									
Daytime telephone number	<input type="text"/>	Date	<input type="text"/>						
<i>Please complete</i>		<i>Please complete</i>							