

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="£50.00"/> | Date of First Payment | <input type="text"/> | | | | | | |
| <i>Please complete</i> | | | | | | | | | |
| Thereafter | | | | | | | | | |
| Amount of Usual Payment | <input type="text" value="£50.00"/> | | | | | | | | |
| Amount of Usual Payment in words | <input type="text" value="Fifty 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> | | | | | | | |