

# NEW STANDING ORDER AUTHORITY

Please complete in BLOCK CAPITALS and tick the relevant boxes. Return to your Bank.

<b>Customer Details</b>	
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"/> - <input type="text"/> <input type="text"/> <input type="text"/>
<b>Instruction Details</b>	
Does the authority replace an existing Standing order	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
or	
Direct Debit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Important:</b> If Yes, please give details in Special Instructions Section below	
<b>Organisation you wish to pay</b>	
Name	<input type="text" value="Bournemouth Karate Academy"/>
Bank and Branch	<input type="text" value="Lloyds TSB Plc"/>
Account Number	<input type="text" value="3"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="8"/>
Sort Code	<input type="text" value="3"/> <input type="text" value="0"/> - <input type="text" value="9"/> <input type="text" value="1"/> - <input type="text" value="0"/> <input type="text" value="8"/>
<b>Payment Details</b>	
Amount of First Payment	<input type="text" value="£60.00"/>
Date of First Payment	<input type="text"/>
<b>Thereafter</b>	
Amount of Usual Payment	<input type="text" value="£60.00"/>
Amount of Usual Payment in words	<input type="text" value="Sixty pounds 00p only"/>
When paid	<input type="text" value="Monthly"/>
Date of payment	<input type="text" value="5th of Mnth"/>
Please continue Payments UNTIL FURTHER NOTICE <input checked="" type="checkbox"/> Yes	
<b>Special Instructions</b>	<input type="text" value="Please identify the payment to the BKA with the Academy member's name as follows:"/>   
<b>Customer(s) Signature</b>	<input type="text"/>
Daytime telephone number	<input type="text"/>
Date	<input type="text"/>