



Standing Order Instruction Form

Please complete all boxes where indicated with an asterisk* below, using block capitals.

(Beneficiary is the person receiving the payment. The reference is the name that will appear on the beneficiary's statement)

New Standing Order Instruction

Beneficiary's Detail

Name of Beneficiary	<input type="text" value="Excel Tennis"/>								
Reference	<input type="text"/>	(Please use pupils names)							
Beneficiary Sort code	<table border="1"><tr><td>4</td><td>0</td><td>4</td><td>7</td><td>0</td><td>7</td></tr></table>	4	0	4	7	0	7		
4	0	4	7	0	7				
Beneficiary Account Number	<table border="1"><tr><td>5</td><td>1</td><td>5</td><td>2</td><td>2</td><td>0</td><td>3</td><td>5</td></tr></table>	5	1	5	2	2	0	3	5
5	1	5	2	2	0	3	5		
Amount	<input type="text"/>	Amount in words	<input type="text"/>						
Date of First Payment	<input type="text"/>								
Due date and frequency of payment	<input type="text" value="Monthly - 16th of each month"/>								
Date of Final Payment	<input type="text"/>	or Until Further Notice	<input type="text"/>						

Account Holder's Sort code*	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>								
Account number*	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
Account Name*	<input type="text"/>								
Date*	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Contact Telephone Number *	<input type="text"/>								

Signature	<input type="text"/>
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Date	<input type="text"/>
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