

Your instruction to set up a

Standing order

Please write clearly in **black ink** in the spaces with capital letters

Or cross the boxes. **All** sections must be completed. This form must not be

Photocopied. Only the original will be accepted



Precious Care Services

1. Your details

Your full name or name of business

Sort Code (being debited)

Account Number (being debited)

Your contact telephone number

Branch Name

2. Details of standing order

Does this standing order replace any existing standing order or direct debit instructions?

Yes

No

If **yes** please give details in special instructions space below. This will then be cancelled.

Recipient's name

Recipient's Bank name

Recipient's sort code (6 digits)

Recipient's account number (8 digits)

How often would you like the payments to be made?

Weekly

4 weekly

Monthly

Quarterly

6 Months

Yearly

Other

Please give details of special instructions

3. Your agreement with us

I authorise you to debit my/ our account with the details in section 2. This request is addressed to the bank which holds my/ our account.

Your signatures and date

Payment Reference (if applicable)

First payment amount, if different to usual payment

£

First payment date

DD MM YY

Usual payment amount

£

Payment amount in words

Final payment amount (if different)

£

Final payment date (if applicable)

DD MM YY