

Regular Payments form

| Please tick relevant box | | | | |
|---|--|----------------------------------|---------------|-----------|
| Set up a new Standing Ord | der (please complete section A) | | | |
| Amend an existing Standir | ng Order (please complete section B) | | | |
| Cancel an existing Standin | g Order or Direct Debit (please complete | section C) | | |
| | | | | |
| Please complete all boxes in BLOCK C | CAPITALS and tick when necessary. | | | |
| Customer Account Details | | | | |
| Account Name | | | | |
| Sort code | | | | |
| Account number | | | | |
| Section A - Set up a new Sta | anding Order (Who do you want to pay?) | | | |
| Beneficiary Name | | | | |
| Sort code | | | | |
| Account number | | | | |
| Reference | | | | |
| Amount of first payment | | Date of firs | st payment/[| |
| Amount of usual payment | | Date of las | t payment / / | |
| Frequency of Payment (Weekly/Monthly/Annually) | | Date of Usi | ual payment/ | |
| (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Or please continue until f | urther notice | | |
| Section R - Amend an existi | ng Standing Order (Who you are paying | 2) | | |
| Beneficiary Name | Tig Standing Order (Who you are paying | :) | | |
| Amend payment amount | from | to | | |
| Amend payment date | from | to | | |
| Amend payment frequency | from | to | | |
| Amend date of first payment | from | to | | \exists |
| Amend reference number | from | to | | \exists |
| Section C. Concel on evictic | na Standina Oudou au Divast Dahit | (14) | | |
| Beneficiary/Originator Name | ng Standing Order or Direct Debit | (who you no longer want to pay?) | | |
| Amount | | | | |
| Usual payment date | | | | |
| I wish to cancel with effect fro | | | | |
| | o advise the originator of your cancellation). | | | |
| , | , | | | |
| | e fully completed for your reques | t to be processed. | | |
| PLEASE ENSURE YOU SIGN A (Where signing mandate is 'both' or 'al | AND DATE THE FORM. I'; all relevant parties must sign to authorise.) | | | |
| Customer Signature(s) | | | | |
| Contact Telephone Number | | Date | | |

Please either post this completed form to Barclays Bank Leicester LE87 2BB or hand in at any Barclays branch.