



UK PAYMENTS STANDING ORDER FORM

DEBIT Bank of St. Helena Account:

ACCOUNT NUMBER:

ACCOUNT NAME:

CREDIT UK Account:

SORT-CODE

UK BANK NAME

UK ACCOUNT NUMBER

UK ACCOUNT NAME

PAYMENT DETAILS

PAYMENT AMOUNT:

FIRST PAYMENT DATE :

AMOUNT IN WORDS:

NUMBER OF PAYMENTS OR END DATE:

PAYMENT REFERENCE:

FREQUENCY:

DAILY

WEEKLY

MONTHLY

YEARLY

Please note that cancellation of a UK PAYMENTS STANDING ORDER requires a minimum of 10 days notice

AUTHORISATION

I understand and accept the bank's published terms and conditions and tariff for this payment.

CUSTOMER SIGNATURE:

FOR BANK USE ONLY:

SEQ #

DATE:

INITIALS:

AUTHORIZED: