

# NEW STANDING ORDER AUTHORITY

| <b>Person/Organisation you wish to pay for</b>   |  |                              |                         | <b>For Bank Use Only<br/>Beneficiary / Originator Details</b> |     |
|--|--|------------------------------|-------------------------|---|-----|
| Name of Person/Organisation  | <b>Belgravia Residents Association</b>   |                              |                         |   |     |
| Bank and Branch Name   | <b>Metro Bank Clapham Junction</b>   |                              |                         |   |     |
| Account Number   | <b>44493896</b>  |                              |                         |   |     |
| Sort Code  | <b>23-05-80</b>  |                              |                         |   |     |
| Reference (if any)   | (Please insert your surname) Membership for  |                              |                         |   |     |
| <b>Payment Details</b>   |  |                              |                         |   |     |
| Amount of First Payment  |  | Date of First Payment        |                         |   |     |
| Amount of Usual Payment  |  |                              |                         |   |     |
| Amount of Usual Payment in Words   |  |                              |                         |   |     |
| When Paid  | <b>Annually</b>  | Day or Date of Usual Payment | <b>1st day of month</b> |   |     |
| Amount of Last Payment   | <b>N/A</b>   | Date of Last Payment         | <b>N/A</b>              |   |     |
| Please continue payments <b>until further notice</b>   |  |                              |                         | <input checked="" type="checkbox"/>                           | Yes |
| If the amount of the periodic payments vary they should be incorporated in a schedule overleaf   |  |                              |                         |   |     |
| <b>Customer Details</b>  |  |                              |                         |   |     |
| Account in the Name(s) of  |  |                              |                         |   |     |
| Bank and Branch Address  |  |                              |                         |   |     |
| Account Number   |  |                              |                         |   |     |
| 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 this Authority replace an existing Standing Order / Direct Debit *    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |                              |                         |   |     |
| If yes, please give detail   |  |                              |                         |   |     |
| *delete as appropriate   |  |                              |                         |   |     |
| <b>Special Instructions</b>  |  |                              |                         |   |     |
| (Include any additional information applicable to this instruction)  |  |                              |                         |   |     |
| <b>Customer(s) Signature</b>   |  |                              |                         |   |     |
| Please debit my/our account accordingly.   |  |                              |                         |   |     |
| Telephone Number:  |  | Date:                        |                         |   |     |

- Note:**      The Bank will undertake to:
- (i)    make any reference to Value Added Tax or other indeterminate element
  - (ii)    advise payer's address to beneficiary
  - (iii)    advise beneficiary of inability to pay
  - (iv)    request beneficiary's banker to advise beneficiary of receipt