

New standing order

Please write clearly in black ink in the white spaces with capital letters or cross the boxes. All sections must be completed.	Please return the original form as photocopies are not acceptable.
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 your standing order	
Does this instruction replace any existing standing order Yes No or direct debit instructions?	Payment reference (if applicable)
If yes please give details in special instructions below and arrange to cancel them. Recipient's name	First payment amount (if different to usual payment) f
	First payment date D D M M Y Y
Recipient's bank and branch name	Usual payment amount f
Recipient's sort code (6 digits) Recipient's account number (8 digits)	Usual payment amount in words
How often do you want the payment made? Weekly 4 weekly Monthly Quarterly Half yearly Yearly Weekly 4 weekly Monthly Quarterly Half yearly Yearly	Final payment amount (if different to usual payment). This must have a final payment date f
Please give details of any special instructions	Final payment date (if applicable) OR OR OR
3 Your agreement with us	
I authorise you to debit my/our account, in accordance with the details in Section 2. This request is addressed to the bank which holds my/our account. PERSONAL CUSTOMERS - To check your account or amend a standing order call the Contact Centre on 08457 213141	Your signature(s)
Once you have completed this form, please return it to: Halifax, PO Box 548, Leeds, LS1 1WU.	Date
For bank use only	Branch stamp
ID type and reference number SMD checked	
Sort code For 30-00-02 accounts and all corporate customers, send the completed form to City Office, Gillingham, Kent, TNT 23.	

