

# Amend a standing order or Direct Debit

For Business Banking Customers

**Before you begin:** It's best to save this form to your computer and open it using Adobe Acrobat Reader. Doing this will allow you to fill in the PDF and upload signatures. You can get the latest version of Adobe Acrobat Reader by visiting <https://get.adobe.com/reader/>

## Guidance notes

You can fill in this form online. Use the toolbar to save your progress.

Upload an image of your signature in the signatories' section once you have completed your application.

You can also print this form and complete it by hand.

**All** sections must be completed.

Please return the **original** form as photocopies are not acceptable.

If you want to amend the amount or payment date of a Direct Debit **ONLY**, you must contact the company you are paying.

## 1 Your details

Your full name or name of business

Sort code (being debited)

Account number (being debited)

Your contact telephone number and area dialling code

Branch name

## 2 Details of your standing order or Direct Debit

### Existing details

Please amend my:

Standing order

Direct Debit

Amount

£

Payment reference (if applicable)

Recipients name

Standing order reference number

### Amendment details (only complete the details that are changing)

Sort code and account number (of account to be debited)

Amount

£

Payment reference (if applicable)

Next due date

Recipient's/originator's name

Final payment amount

£

Final payment date

Recipient's/originator's bank and branch name

How often do you want the payment made?

Weekly

4 Weekly

Monthly

Quarterly

Half Yearly

Yearly

Recipient's/originator's sort code and account number

Other frequencies (Please give details of any special instructions)



There are **two** ways to add signatures to the form:

- 1 Upload an image of your signature
- 2 Print and sign with a pen.

**To upload an image:**

- Save the form to your device
- Open the form in **Adobe Acrobat Reader**
- Select the signature field to upload your image.

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.

**Your Signature**

Once completed and signed:

- Post the form to: **Bank of Scotland, PO Box 548, Leeds, LS1 1WU.**

**For bank use only**

From branch name and contact name

SMD checked

Sort code




For 30-00-02 accounts and all corporate customers, send the completed form to:

**City Office, Gillingham, Kent, TNT 23**

Branch stamp

Please contact us if you would like this information in an alternative format such as Braille, large print or audio.

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Eligible deposits with us are protected by the Financial Services Compensation Scheme (FSCS). We are covered by the Financial Ombudsman Service (FOS). Please note that due to FSCS and FOS eligibility criteria not all business customers will be covered.