



## New Standing Order Instruction Form

Please write clearly in **black ink** with capital letters and **cross** the boxes (if applicable)

### 1 Your details

Your full name or name of the business <input type="text"/>	Bank sort code <input type="text"/> <input type="text"/> <input type="text"/>	Bank account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Your contact telephone number <input type="text"/>	Bank and branch name <input type="text"/>	

### 2 Details of your Standing Order

Recipient's name <input type="text" value="ICOUK"/>	Bank sort code <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="1"/>	Bank account number <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="8"/>
Bank and branch name <input type="text" value="HSBC York Parliament Street"/>	First payment £ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Usual payment £ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
How often would you like the payment made? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Date of first payment* <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of usual payment* <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Please quote ICOUK Reference Number <input type="text"/>	Date of final payment (if applicable)* <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR	Until further notice <input type="checkbox"/>

Please cancel all previous Standing Order mandates in favour of ICOUK under Reference Number \_\_\_\_\_

### 3 Your agreement with the bank

The bank may not: (a) accept instructions to charge Standing Orders to certain types of account other than Current Accounts, (b) advise your address to the recipient, (b) advise recipient of your inability to pay.

I authorise you to debit my/our account with the details in section 2 above. <b>Signature(s)</b> <input type="text"/>	Date of instruction* <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  *Date format: dd/mm/yyyy
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