



Regular Payment
New Set Up Form

Date

To The Manager:

I/We hereby authorise and request you to DEBIT my/our
Sender Account Name

Sender Sort Code: ___ - ___ - ___ Sender Account No: |_|_|_|_|_|_|_|_|_|_|

Sender Reference (To show on sender statement)

with the amount of:

£ _____
Amount in words

And to CREDIT

Receiver Account Name

Receiver Sort Code: ___ - ___ - ___ Receiver Account No: |_|_|_|_|_|_|_|_|_|_|

Bank and Branch

Receiver Reference (To show on receiver's statement)

Start Date: ___ - ___ - _____ Make immediate payment
If First Payment Missed

Frequency (e.g. weekly, fortnightly, every 4 weeks, monthly, every 2 months, quarterly, every 4 months, half yearly, annually)

No. of payments Final payment date

OR ___ - ___ - _____
Or until further notice from me/us in writing.

Signature: _____ Signature: _____