

Please complete this form in BLOCK CAPITALS and in black ink.  
Please cancel the following Standing Order or Direct Debit

### 1. Account details

Account name \_\_\_\_\_ Account number   
Account holding branch \_\_\_\_\_ Sort code

### 2. Details of existing Standing Order or Direct Debit you wish to cancel

Name of person or organisation you are paying   
Payment reference (if known)   
Amount £

How often are payments made: Weekly  Two weekly  Four weekly  Monthly   
Quarterly  Half yearly  Yearly

Is there more than one Standing Order or Direct Debit payable to this person or organisation? Yes  No

### 3. Payment(s) to be cancelled

Immediately

Or

With effect from

### 4. Cancel all Standing Orders and Direct Debits

Please mark an 'X' in this box if you wish to cancel **all** Standing Orders and Direct Debits on this account

### 5. Confirmation

Customer signature(s)

Date \_\_\_\_\_