

Please complete this form in BLOCK CAPITALS and in black ink. Mark option boxes with an 'X'.
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 £ . p

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 (DD/MM/YYYY)

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 (DD/MM/YYYY) _____