

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

Cancel Standing Order or Direct Debit

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 Four weekly How often are payments made: Weekly Two weekly Monthly Quarterly Half yearly Yearly Is there more than one Standing Order or Direct Debit payable to this person or organisation? Yes 3. Payment(s) to be cancelled **Immediately** OR (DD/MM/YYYY) 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 (DD/MM/YYYY)_____

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