

Standing order form



Read this before you start

Please complete in BLOCK CAPITALS using black pen

Date

To the manager

bank

I/We authorise and request you to DEBIT my/our account

Sender account number	
Sender sort code	- -
Sender account name	
With the amount of	£
Amount in words	

And to CREDIT

Receiver account name	Stadia Trustees Limited client account
Receiver sort code	20 – 22 – 67
Receiver account number	60444189
Bank and branch	Barclays Bank PLC, High Street, Colchester
Receiver reference <i>SIPP number</i>	
Client surname	
Expected start date <i>Please allow five working days before first payment</i>	/ /
Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half annually <input type="checkbox"/> Annually
Until	<input type="checkbox"/> further notice <input type="checkbox"/> end date / / <input type="checkbox"/> number of payments

Sign and date here

Signature

2nd Signature *if required*