



## Standing order mandate

Cater Allen Private Bank can provide literature in alternative formats. The formats are: large print, braille and audio CD. If you'd like to register to receive correspondence in an alternative format contact us on **0800 092 3300**. If you are deaf, have hearing loss or speech loss, please use Relay UK at **relayuk.bt.com**. This is a free service that can help you communicate over the phone.

If you use Internet Banking, you can set up regular payments online instead of using this form.

Account number

Please complete this form in BLOCK CAPITALS and black ink and send it to us at: **Cater Allen Operations, Sunderland, SR43 4FB**. Electronic copies are not accepted.

Please call us on **0800 092 3300** if you need help with this form.

1 Details of the account where payments will come from	
	Account number
2 Details of the account where payments will be sent to	
Bank or building society name	
Branch name (not the full address)	Reference (maximum of 18 characters)

•	Day	/ment details	
ъ.	Pa	/menit details	ч

Sort code

3 Payment details	
Amount in numbers	When do you want to make the last payment?
Amount in words	or Date DDMMYYYY
When do you want to make the first payment?   Straight away   or   Date D   M Y   Y Y	Amount of last payment (if applicable)    f   If the amounts of the payments vary, this needs to be included in section 4.
Frequency of payments   Daily Monthly   Weekly Quarterly   Twice a month Annually	

## This instruction cancels any previous instruction to the person named on page 1, where the reference is the same

4 Special instructions	
Additional schedule of payments	
Date D D M M Y Y Y	Date D D M M Y Y Y
Amount in numbers	Amount in numbers
Amount in words	Amount in words
Date D D M M Y Y Y	Special instructions (if applicable)
Amount in numbers £	
Amount in words    Joint Line Line Line Line Line Line Line Line	
Please make sure the form is signed in accordance with the account ma	ndate
Signature 1	Signature 2 (if applicable)
Date	Date
Signature 3 (if applicable)	Signature 4 (if applicable)
Date	Date

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