

# Your instruction to set up a New Standing Order

Please write clearly in **black ink** in the white spaces with capital letters or cross the boxes  
All sections must be completed

Please return the **original** form as photocopies are not acceptable

**Important** – we cannot set standing orders or direct debits up on savings accounts.

<b>1</b>	<b>Your details</b>	
Your full name or name of business		Sort code (being debited)
<input style="width: 95%;" type="text"/>		<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>
Your contact telephone number		Account number (being debited)
<input style="width: 95%;" type="text"/>		<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>
		Branch name
		<input style="width: 95%;" type="text"/>
<b>2</b>	<b>Details of your standing order</b>	
Does this instruction replace any existing <b>standing order</b> or <b>direct debit</b> instructions?		
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Payment reference (College Use Only)
		<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>
If yes please give details in special instructions below and arrange to cancel them.		
Recipient's name		First payment amount if different to usual payment
C A R D I N A L N E W M A N C O L L E G E T R A N S P O R T A C C		£ <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>
Recipient's bank and branch name		First payment date
LLOYDS BANK, KING ST.MANCHESTER M2 4LQ		<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>
Recipient's sort code (6 digits)		Usual payment amount
<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>		£ <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>
Recipient's account number (8 digits)		Usual payment amount in words
<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>		<input style="width: 95%;" type="text"/>
How often do you want the payments made?		
Weekly	4 weekly	Monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quarterly	Half Yearly	Yearly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Other frequencies (give details)
		<input type="checkbox"/>
Please give details of any special instructions		Final payment amount (if different to usual payment). This must have a final payment date
<input style="width: 95%;" type="text"/>		£ <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>
		Final payment date (if applicable) OR Until further notice
		<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> OR <input style="width: 15%;" type="text"/>
<b>3</b>	<b>Your agreement with us</b>	
I authorise you to debit my/our account, in accordance with the details in Section 2. This request is addressed to the bank which holds my/our account. <b>PERSONAL CUSTOMERS – To check your account or amend a standing order call the Contact Centre on 0845 3 000 000</b>		Your signature(s)
		<input style="width: 95%;" type="text"/>
		Date
		<input style="width: 95%;" type="text"/>
		Once you have completed this form, please return it to: <b>Cardinal Newman College, Lark Hill, Preston PR1 4HD</b>
<b>For bank use only</b>		
ID type and reference number	SMD checked	Branch stamp
<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>
Sort code	For 30-00-02 accounts and all corporate (set 41) customers, send the completed form to City Office, Gillingham, Kent, TNT 23	
<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>		