

PLEASE USE THIS FORM FOR STANDING ORDERS FROM AN ACCOUNT AT ANOTHER BANK.
IF YOU WISH TO SET UP YOUR STANDING ORDER FROM AN ALLIANCE & LEICESTER COMMERCIAL BANK
CURRENT ACCOUNT PLEASE USE THE FORM OVERLEAF.

To _____ Bank
_____ Branch

Please pay

Bank	Branch title (not address)	Sorting Code Number							
ALLIANCE & LEICESTER COMMERCIAL BANK PLC	BOOTLE	7	2	-	0	0	-	0	0

For the Credit of

Beneficiary's Name	Account Number*	Quoting Reference
Jacky Walker Ltd	0 4 6 3 1 6 3 3	SB (your name)

The sum of

Amount in figures	Amount in words
£	

Commencing

Date of first payment	Amount of first payment
	£

and thereafter every

Due date and frequency

Until further notice in writing or

Date of last payment

and debit my/our account accordingly

Name of account to be debited	Account number

THIS REPLACES MY/OUR PREVIOUS STANDING ORDER FOR THE TRANSFER
OF _____ TO THE SAME ACCOUNT (cross out if not applicable)

***NOTE - The first digit of the Alliance & Leicester Commercial Bank account number should be entered
as the last digit of the bank sort code, the remaining eight digits representing the account number**

Name(s) _____
BLOCK CAPITALS PLEASE

Signature _____

Address _____

Signature _____
For joint accounts where both signatures are required

Postcode _____

Date _____ 20

**AFTER COMPLETION PLEASE FORWARD THIS FORM TO THE BANK BRANCH WHICH
LOOKS AFTER YOUR ACCOUNT.**

PLEASE USE THIS FORM IF YOU WISH TO MAKE A REGULAR STANDING ORDER FROM AN ALLIANCE & LEICESTER COMMERCIAL BANK CURRENT ACCOUNT TO ANOTHER ALLIANCE & LEICESTER COMMERCIAL BANK ACCOUNT.

IF YOU WISH TO SET UP YOUR STANDING ORDER FROM AN ACCOUNT WITH ANOTHER BANK PLEASE USE THE FORM OVERLEAF.

Please transfer from my/our account number

--	--	--

To the credit of
Alliance & Leicester Commercial Bank plc account number

--	--	--

Name of organisation/person to whom payment is to be made

the sum of £ _____ on _____ 20 _____ and subsequently
(amount of first payment) (date of first payment)

the sum of £ _____ on _____ 20 _____ and at _____

Weekly/monthly/quarterly/annual*intervals thereafter until _____ 20 _____
*delete as appropriate date of final payment

or until cancelled by me/us in writing

Please quote reference _____
(roll no. insurance policy no. etc., maximum length 20 numbers/characters)

**THIS REPLACES MY/OUR PREVIOUS STANDING ORDER FOR THE TRANSFER
 OF £ _____ TO THE SAME ACCOUNT (cross out if not applicable)**

Name(s) _____
BLOCK CAPITALS PLEASE

Signature _____

Address _____

Signature _____
(For joint accounts where both signatures are required)

Postcode _____

Date _____ 20 _____

**AFTER COMPLETION PLEASE RETURN THIS FORM TO ALLIANCE & LEICESTER COMMERCIAL BANK PLC,
 BOOTLE, MERSEYSIDE GIR 0AA**