

Regular Payments Form

Please tick relevant box:

PIE	use tick relevant box.
	Set up a new standing order (please complete section A, B, D and E)
	Amendment to existing standing order (please complete section A, C, D and B

Section A - Please complete your Bank Address and Account Details Bank Name: Account Name: Account Number: Postcode: Sort Code: Section B - To be completed for NEW standing orders ONLY - then complete Beneficary details - Who do you want to pay Sort Code Account Number Account Number Account Number Bedlington Town FC Account Number Reference			
Account Name: Account Number: Postcode: Sort Code: Section B - To be completed for NEW standing orders ONLY - then complete Beneficary detaiils - Who do you want to pay Sort Code Sort Code Account Number Sort Code Reference			
Account Number: Postcode: Sort Code: Section B - To be completed for NEW standing orders ONLY - then complete Beneficary detaiils - Who do you want to pay Sort Code 30 93 55 Name Bedlington Town FC Account Number 33145568 Reference			
Postcode: Section B - To be completed for NEW standing orders ONLY - then complete Beneficary detaiils - Who do you want to pay Sort Code 30 93 55 Name Bedlington Town FC Account Number 33145568 Reference	 D and E		
Section B - To be completed for NEW standing orders ONLY - then complete Beneficary details - Who do you want to pay Sort Code 30 93 55 Name Bedlington Town FC Account Number 33145568 Reference	 D and E		
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Beneficary details - Who do you want to pay Sort Code 30 93 55 Name Bedlington Town FC Account Number 33145568 Reference	D and E		
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Sort Code 30 93 55 Name Bedlington Town FC Account Number 33145568 Reference			
Account Number 33145568 Reference			
B ————————————————————————————————————			
Payment Details			
Amount of first payment Date of first payment / / Amount in words And thereafter 1st of every Month			
and until further notice			
Section C - Amendment to existing standing order - then complete D and	d E		
Beneficary detaiils - Who do you want to pay			
C Name Bedlington Town FC			
Amend payment from £ to £			
Amend payment in words to			
Section D - Please complete your Address and Contact Details			
Address Contact details			
Title			
D Initials			
Surname			
Telephone			
Postcode:			
	ressed		
Section E - All boxes must be completed in order for your request to be pro-			
Section E - All boxes must be completed in order for your request to be pro- Customer Signature(s)	ccsscu		
Customer Contact Telephone Section E - All boxes must be completed in order for your request to be pro-			
Customer Signature(s) Customer Contact Telephone Date / /			
Customer Signature(s)			
Customer Signature(s) Customer Contact Telephone Date / /			