

Internal Standing Order Form

Account Information

Customer Name(s):

Customer Number (for office use only):

Action Required

I/we authorise and request The Society to:

Transfer the sum of £ from my/our account numbered to account numbered on the day of each month commencing on until instructed otherwise by me/us.

In the case of a transfer to my/our mortgage account, I/we understand that the amount will **NOT** be adjusted in the event of any changes to my mortgage account that impact my monthly payment. I/we acknowledge it is my/our responsibility to maintain the mortgage payments.

Signature 1	<input type="text"/>	Date	<input type="text"/>
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Signature 2	<input type="text"/>	Date	<input type="text"/>
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OFFICE USE ONLY	Date	Initials
Form received	<input type="text"/>	<input type="text"/>
Computer updated	<input type="text"/>	<input type="text"/>
Checked	<input type="text"/>	<input type="text"/>
Imaged	<input type="text"/>	<input type="text"/>