



Bank of St. Helena Ltd.

www.sainthelenabank.com

### STANDING ORDER REQUEST

**DEBIT ACCOUNT NUMBER:**

**DEBIT ACCOUNT NAME:**

*Note that the Debit Account must be a Current Account*

**CREDIT ACCOUNT NUMBER:**

**CREDIT ACCOUNT NAME:**

**PAYMENT AMOUNT:**  
  
  
**AMOUNT IN WORDS:**

**START DATE :**  **END DATE:**

**NUMBER OF PAYMENTS:**

**PAYMENT REFERENCE:**

<b>FREQUENCY (please tick):</b>		<b>FIXED DATE:</b>  
DAILY	<input type="checkbox"/>	
WEEKLY	<input type="checkbox"/>	
MONTHLY	<input type="checkbox"/>	
QUARTERLY	<input type="checkbox"/>	
YEARLY	<input type="checkbox"/>	

**CUSTOMER SIGNATURE:**

**FOR BANK USE ONLY:**  
**SEQ #**      **DATE:**      **INIT:**  
**AUTHORISED:**

NB: Cancellation of a Standing Order requires 24 hours notice