



Bank of St. Helena Ltd.

www.sainthelenabank.com

STANDING ORDER AMENDMENT

DEBIT ACCOUNT NUMBER:

DEBIT ACCOUNT NAME:

Note that the Debit Account must be a Current Account

CREDIT ACCOUNT NUMBER:

CREDIT ACCOUNT NAME:

NEW PAYMENT AMOUNT:

AMOUNT IN WORDS:

START DATE : **END DATE:**

NUMBER OF PAYMENTS:

PAYMENT REFERENCE:

| | | |
|---------------------------------|--|--------------------|
| FREQUENCY (please tick): | | FIXED DATE: |
| DAILY | | |
| WEEKLY | | |
| MONTHLY | | |
| QUARTERLY | | |
| YEARLY | | |

AMENDMENT:

CUSTOMER SIGNATURE:

| | | |
|---------------------------|--------------|--------------|
| FOR BANK USE ONLY: | | |
| SEQ # | DATE: | INIT: |
| AUTHORISED: | | |

NB: Cancellation of a Standing Order requires 24 hours notice