



Bank of St. Helena Ltd.

# STANDING ORDER CANCELLATION

Please complete all fields.

NB: Cancellation of a Standing Order requires 48 hours notice.

DEBIT ACCOUNT NUMBER

DEBIT ACCOUNT NAME

CREDIT ACCOUNT NUMBER

CREDIT ACCOUNT NAME

FREQUENCY (please tick)	
<i>Weekly</i>	<input type="checkbox"/>
<i>Monthly</i>	<input type="checkbox"/>
<i>Quarterly</i>	<input type="checkbox"/>
<i>Yearly</i>	<input type="checkbox"/>

FIXED DATE (if applicable)

PAYMENT AMOUNT (£)

AMOUNT IN WORDS

REFERENCE

REQUESTED CANCELLATION DATE

CUSTOMER SIGNATURE

TELEPHONE NUMBER

DATE

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