



Regular Payment New Set up Form

Date

To the Manager First Trust Bank

I/We hereby authorise and request you to DEBIT my/our
Sender Account Name

Sender NSC 93 - _____

Sender Account Number

Sender Reference (To show on sender statement)

with the amount of
£

Amount in Words

and to CREDIT

Receiver Account Name

Receiver NSC _____

Receiver Account Number

Bank and branch

Receiver Reference (To show on receiver's statement)

Start date

Make immediate Payment
if First Payment Missed _____

Frequency (Eg Weekly, fortnightly, every 4 weeks, monthly, every 2 months, quarterly,
every 4 months, half yearly, annually)

No of payments

Final payment date

OR

or until further notice from me/us in writing.

Please allow 5 working days notice prior to first payment. It shall be understood that the Bank shall not be under any liability for damage or loss caused by any omission to make these payments.

Signature

Signature