

## Standing Order Instruction Store 1. CUSTOMER DETAILS Customer Number ATB Fire Safety Executive Pension **Customer Name** 2 0 3 8 9 5 Account Number Account Holding Store 2. BENEFICIARY DETAILS Mrs JA Burns & Mr AT Burns Beneficiary Name Beneficiary Sort 0 1 Code Beneficiary Account 6 8 8 Number PLCS ADRIAN BURNS Payment Reference 3. FREQUENCY Other ..... Yearly Quarterly Monthly Payment Frequency Weekly 4. PAYMENT DETAILS Date and amount of first payment Date and amount of ongoing payments (if amount different from the first payment) Select one of the following options: 5 0 £ 2 3 2 0 6 0 Date and amount of final payment 2. Until further notice 5. CUSTOMER SIGNATURE Secondary Applicant **Primary Applicant** jeorgina Martin Date 05.06.2023 Refer to Manager: FOR INTERNAL USE ONLY HVT completed and attached (if applicable) ID&V confirmed (refer to ID&V Matrix) Standing Order authorised Request fully input to T24 Manager Signature Inputter Signature Name: Name: Date:

Date: