

STANDING ORDER

Mandate form

Northern Bank

Bank to be debited:

Bank:

Branch:

Bank to be credited:

Beneficiary Bank: Northern bank Limited

Branch: 6 High Street

Ballymoney

Co Antrim

BT53 6AD

Please make payments in accordance with the following details

Debit account *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Credit account *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First payment date *

--	--	--	--	--	--	--	--	--	--

Payment frequency *

--

Yearly

--

Half-yearly

--

Quarterly

--

Every 2nd month

--

Monthly

--

The 1st and 15th every month

--

Every 2nd week

--

Weekly

--

Every bank day

Payment free months

--

Jan

--

Feb

--

Mar

--

Apr

--

May

--

Jun

--

Jul

--

Aug

--

Sep

--

Oct

--

Nov

--

Dec

Usual payment date

Last payment date

--	--

Amount *

--	--	--	--	--	--	--	--	--	--

Or

Number of payments

--	--	--

Beneficiary name *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Beneficiary reference

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Please put your name in the above box)

Account name

Customer signature

Date

* Mandatory field

Not all of the above information may be required by your bank