Amend a standing order or Direct Debit



For Business Banking Customers

Before you begin: It's best to save this form to your computer and open it using Adobe Acrobat Reader. Doing this will allow you to fill in the PDF and upload signatures. You can get the latest version of Adobe Acrobat Reader by visiting **https://get.adobe.com/reader/**

Guidance notes You can fill in this form online. Use the toolbar to save your progress. Please return the original form as photocopies are not acceptable. Upload an image of your signature in the signatories' section once you have completed your application. Please note: You can also print this form and complete it by hand. If you want to amend the amount or payment date of a Direct Debit ONLY , you must cont the company you are paying. 1 Your details Your full name or name of business Sort code (being debited)	act
Upload an image of your signature in the signatories' section once you have completed your application. Please note: You can also print this form and complete it by hand. We cannot set standing orders or Direct Debits up on savings accounts. All sections must be completed. If you want to amend the amount or payment date of a Direct Debit ONLY, you must cont the company you are paying. 1 Your details	act
your application. We cannot set standing orders or Direct Debits up on savings accounts. You can also print this form and complete it by hand. All sections must be completed. I Your details	act
All sections must be completed. the company you are paying.	act
1 Your details	
Vour full pamp or pamp of business	
Your contact telephone number and area dialling code Branch name	
2 Details of your standing order or Direct Debit	
Existing details	
Please amend my: Standing order Direct Debit f	
Payment reference (if applicable)	
Recipients name	
Standing order reference number	
Amendment details (only complete the details that are changing)	
Sort code and account number (of account to be debited) Amount	
£	
Payment reference (if applicable) Next due date D D M M Y Y Y	
Payment reference (if applicable)	
Final payment amount £	
Recipient's/originator's name Final payment date	
D D M M Y Y Y	Y
How often do you want the payment made?	
Recipient's/originator's bank and branch name Weekly 4 Weekly Monthly Quarterly Half Yearly Yearly	
Recipient's/originator's sort code and account number Other frequencies (Please give details of any special instructions)	



3 Your agreement with us	
 There are two ways to add signatures to the form: Upload an image of your signature Print and sign with a pen. 	 To upload an image: Save the form to your device Open the form in Adobe Acrobat Reader Select the signature field to upload your image.
I authorise you to amend the standing order or Direct Debit in accordance with my instructions in Section 2. This request is addressed to the bank which holds my/our account.	Your Signature
 Once completed and signed: Post the form to: Lloyds Bank, Box 1, BX1 1LT. 	
For bank use only	
From branch name and contact name	Branch stamp
SMD checked	
Sort code	

City Office, Gillingham, Kent, TNT 23

Please contact us if you would like this information in an alternative format such as Braille, large print or audio.

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