

Regular Payments Form

Graebert UK Ltd.
PO Box 7418
Kettering
Northants NN16 6GW

[Contact Details](#)

Customer Account Details

Account Name

Sort Code

Account Number

Section A

Beneficiary Details – (Who do you want to pay?)

Sort Code

20 - 45 - 77

Beneficiary Name

Graebert UK Ltd.

Account Number

40125040

Reference

Payment Details

Amount of First Payment [£]:

Date of First Payment:

___ / ___ / ____

Amount of Usual Payment [£]:

Date of Usual Payment:

___ / ___ / ____

Frequency of Payment: [] **Weekly** [] **Monthly** [] **Annually**

Date of Last Payment:

___ / ___ / ____

Continue Payment until further notice: [] **Yes** [] **No**

Section B

Beneficiary Name – (Who are you paying?)

Name:

Amend payment amount from [£]:

to [£]:

Amend payment date from:

___ / ___ / ____

to:

___ / ___ / ____

Amend payment frequency from:

___ / ___ / ____

to:

___ / ___ / ____

Amend date of last payment from:

___ / ___ / ____

to:

___ / ___ / ____

Amend reference number from:

to:

Effective from:

___ / ___ / ____

Section C

Important: If a payment is due within the next 5 working days, immediately contact your local branch to cancel

Beneficiary / Originator Name – (Who you no longer want to pay?)

Name:

Amount [£]

Usual Payment Date: ___ / ___ / ____

I wish to cancel with effect from:

___ / ___ / ____

All relevant sections above must be fully completed for your request to be processed.

Please ensure you sign, print your name and date the form below:

(Where signing mandate is 'both' or 'all' to sign, all relevant parties must sign to authorise.)

Customer Name(s):

Customer Signature(s):

Customer Contact Telephone Number:

Customer Contact Email Address:

Date: ___ / ___ / ____