

STANDING ORDER INTERNAL TRANSFER INSTRUCTION FORM

New S/O Instruction
 Delete S/O Instruction
 Amend S/O Instruction

STANDING ORDER DETAILS		Existing S/O Ref (if known):	
*S/O Start Date (dd-mmm-yyyy):		S/O Expiry Date (dd-mmm-yyyy):	
*S/O Frequency:	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____		

DEBIT ACCOUNT INFORMATION (Person/Company sending funds)		*Effective Date (dd-mmm-yyyy):	
*Debit Account Number:			
*Debit Account Name:			
*Debit Amount (in words):			
*Debit Amount (in figures):			

CREDIT ACCOUNT DETAILS (Person/Company receiving funds)	
*Credit Currency: <input type="checkbox"/> BMD <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> Other:	
*Credit Amount (in words):	
*Credit Amount (in figures):	Important: Specify only Debit or Credit Amount
*Credit Account Number:	
*Credit Account Name:	
*Payment Details:	

CLIENT AUTHORISATION: We understand that where payment falls on a holiday or a weekend, my/our account will be debited on the business day prior to the payment date.	
*Client Name 1 (print full name)	Client Name 2 (print full name)
*Client Signature	Client Signature
*Date (dd-mmm-yyyy)	Date (dd-mmm-yyyy)

(Note: * denotes mandatory information)

FOR BANK USE ONLY	
Date received:	Balance checked by:
Mandate/signature/indemnity verified by:	
Client call-back details:	
Date input to banking system:	<input type="checkbox"/> FW
Transaction verified by:	<input type="checkbox"/> FCPT \$
Transaction approved by:	<input type="checkbox"/> S/O fee \$
SO/Transaction reference:	<input type="checkbox"/> Internal transfer fee \$

Please email scanned form to ops-production@bcb.bm or fax to (441) 296-0601