

## Form STO

# Standing Order Mandate

To

**Please pay** (To be completed by Pointon York SIPP Solutions Limited)

Bank  Sort Code

Branch Title (not address)

**To credit**

Beneficiary's Name  Account No.

**The sum of**

Amount  £  Amount in words

**Details of first payment**

Amount  £  Amount in words   
  
 Date          
 Day Month Year

Please quote reference

This payment is to be made on the  every  Month  Quarter   
 Half Year  Year

Until          
 Day Month Year or until you receive notice from us in writing.

**Please cancel any previous Standing Order or Direct Debit in favour of the Beneficiary named above, under this reference.**

Special Instructions

Account to be debited

Account No.  Sort Code

Signed  Date       
 Day Month Year

Signed  Date       
 Day Month Year

**NOTE:** The Bank will not undertake to: (i) make any reference to Value Added Tax or other indeterminate element  
 (ii) advise payer's address to beneficiary  
 (iii) advise beneficiary of inability to pay  
 (iv) request beneficiary's bank to advise beneficiary of receipt