Bank of Bermuda
*Member HSBC Group*

# STANDING ORDER MANDATE

**FOR INTERNAL USE ONLY**

CIF Key _____

Initials _____

CIF Dept

Checked _____ Date __/__/__

## 1. Account Number to be debited

Checking Account | | | | | | | | | | | |

Savings Account | | | | | | | | | |

Global Check/ Vista Checking | | | | | | | | | |

Other _____

Full Name of Account to be Debited:
(Mr/Mrs/Ms/Company Name/Other)

_____

_____

## 2. Mailing Address of Account Holder

_____
Street Address

_____
City/Parish State/Province

_____
Country Zip/Postal Code

For the attention of: _____

Telephone/Fax Numbers: Work _____

Home _____

## 3. Bermuda Monetary Authority permit required?

☐ Yes ☑ No

_____
House Name & No.

_____
Road Parish Postal Code

## 4. Beneficiary Details

Receiving Bank BANK OF BERMUDA

Beneficiary Name BIAS

Beneficiary Account Number 010-059046-501

Mailing Address (If the method of payment is a foreign draft or a manager s check)

P.O. BOX HM 988
Street Address

HAMILTON
City/Parish State/Province

BERMUDA
Country Zip/Postal Code

For the attention of: _____

Special Instructions:

## 5. Amount to be transferred/remitted

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

If amount varies, enter Variable above.

A. Remit above amount in _____ currency.

B. Remit equivalent amount in _____ currency.

☐ Foreign currency conversion required.

**Amount excludes applicable transaction charges.**

## 6. Commencement Date

| Frequency (tick one) | **Date** |
|---|---|
| ☐ Weekly | _____ |
| ☐ Twice monthly | _____ |
| ☑ Monthly | _____ |
| ☐ Quarterly | _____ |
| ☐ Semi-annually | _____ |
| ☐ Annually | _____ |
| ☐ Variable | To be advised |

Number of Payments: _____

or

Until Further Notice ☐

## 7. Instruction Type

☐ New ☐ Change ☐ Cancel ☐ Staff

Special Conditions: _____

_____

## 8. Method of Payment (Tick One)

| | |
|---|---|
| ☐ Internal Credit - Savings A/C | ☐ Transfer to CapG |
| ☐ Internal Credit - Current A/C | ☐ Manager s Check |
| ☑ Internal Credit - Global A/C | ☐ Foreign Draft |
| ☐ Transfer to N.T.B. | ☐ Int l Money Transfer |
| ☐ Transfer to B.C.B. | |
| ☐ Other (Specify) _____ | |

Please allow this authority to remain in effect until cancelled in writing by myself. I understand that I shall not be advised of payments until I receive my statements and that payments will only be made if there are sufficient funds in my account. The Bank reserves the right to cancel the above mentioned instruction if there are insufficient funds in the account to cover consecutive payments. I am aware that in the cases where the payment date falls on a holiday or weekend that my account will be charged the previous working day.

Authorised Signature(s) _____ Date _____

_____

On behalf of the Bank _____ Date _____



Signature code _____ Ext _____