

POSTAL INSTRUCTION FORM

Return your completed form to: **Scottish Widows Bank plc, PO Box 12757, 67 Morrison Street, Edinburgh EH3 8YJ**. Telephone: 0345 845 0829

This form has been designed to assist you in depositing or withdrawing funds from your account(s) with us.
Telephone instructions can also be accepted by our customer service team from Monday to Friday, 8am to 6pm
(Wednesdays from 10am).

Account Number

Type of Account
(please confirm what type of account you have with us in the box provided)

Name of Account Holder(s)

Please provide a contact telephone number we can call you on should we have
a query regarding this payment:

DEPOSIT INSTRUCTIONS

a) **Personal Cheque – made payable to Scottish Widows Bank plc/‘Your Name’.**
Please credit the attached cheque(s) in my/our favour for £
Please write your Scottish Widows Bank account number on the back of your cheque(s).
Please note we can only accept cheques drawn on your personal bank account.
Building Society cheques must be verified to confirm they are coming from an account held in your name.
Your Building Society must confirm this by writing your name, sort-code, account number and roll number if applicable on the back of the cheque. Your Building Society must also stamp and sign the back of the cheque.
To help us comply with Anti-Money Laundering Guidelines please declare the source of funds.

Salary/Income/Bonus Maturing Policy Proceeds/Existing Savings Sale of Property

Other (please specify)

b) **By Direct Debit**
Please debit my/our pre-advised bank/building society account by Direct Debit
 Single Deposit Amount £ Date Required (DD MM YYYY)
or
 Regular Instalment Amount £
Start Date (DD MM YYYY)
End Date (if known) (DD MM YYYY)
Frequency weekly monthly quarterly annually
Please note a Direct Debit must be in place with your bank before a collection can be made.
Direct Debit instruction forms are available upon request.

c) **Internal Transfer**
Please transfer £ from my Acc No:
into my Acc No:

WITHDRAWAL INSTRUCTIONS

Amount

£

Date Required (DD MM YYYY)

a) Please credit my/our pre-advised bank/building society account by electronic fund transfer.

b) Please close my/our account and settle as above. Reason for closure

Please accept this form as my confirmation to carry out the above transaction(s).

Signature

Date Required (DD MM YYYY)

Signature

Date Required (DD MM YYYY)

Signature

Date Required (DD MM YYYY)

Signature

Date Required (DD MM YYYY)

TELEPHONE BANKING



0345 845 0829

Choose option 1 for Deposit Accounts

Lines are open Monday to Friday 8am to 6pm (Wednesday from 10am).

SECURE BANKING

We can arrange for funds to be sent to your pre-advised account and, using a direct debit mandate, funds can be collected from your account. Regular payments to and from your account can also be arranged by calling our customer service team. (N.B. Security passwords must be in place)

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