



BANK PAYMENT REQUEST

Failure to complete this form in its entirety will result in information not being processed.

EMPLOYEE DETAILS:

SURNAME: Mr/Mrs/Ms/Miss _____

FIRST NAME: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____

POSTCODE: _____

SITE: _____

ACCOUNT HOLDER DETAILS:

IS THE ABOVE NAMED ALSO THE ACCOUNT HOLDER? YES [] NO []

If you are not the account holder please ensure you have their permission and enter the relevant details below.

SURNAME (Account Holder): _____

FIRST NAME (Account Holder): _____

ACCOUNT HOLDER RELATIONSHIP WITH YOU: _____

NAME OF BANK/BUILDING SOCIETY: _____

ADDRESS OF BANK: _____

SORT CODE:

ACCOUNT NO:

REF NO: (BUILDING SOCIETY): _____

If you would like your wages paid by BACS please complete and sign this form Please note that all account numbers must have 8 digits. We do not accept any liability for incorrect information given on this form, or for non-payment to you by another person of monies paid into their account on your behalf.

SIGNED: _____

DATE: ____/____/____

