

Direct Payment Instruction



Our Ref: TE10
Account Number: _____

Contact Name _____

Company Title _____

Address _____

To enable us to make payments directly to your bank account, please:

- complete sections 1-5 in BLOCK capitals
- provide us with an original of one of the following items: **bank statement, paying-in-slip or blank cheque**
- tick this box if you would like the item returned to you
- return this form to **B&CE Benefits Schemes, Manor Royal, Crawley, West Sussex, RH10 9QP**

If you would like any further information regarding Direct Payments or help completing the form, please call us on **08457 41 41 42**. To help us improve our service, telephone calls may be recorded.

1 Full postal address of your branch

Bank _____ _____ _____ _____
Postcode _____

5 Declaration:

I/We instruct you to make payments directly to my/our bank account.
I/We reserve the right to cancel this arrangement at any time.

N.B. This form should be signed by an authorised person(s) e.g. owner, partner, director.

2 Branch sort code

□□□	—	□□□	—	□□□
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3 Account name (first 18 characters)

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4 Bank account number

□	□	□	□	□	□	□	□	□	□
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Signature _____
Name /Status _____
2 nd Signature _____
Name/Status _____
Date _____