

Form B - Member request for BACS payment

Please Note: (All fields must be completed)

Funds will be received by the member **3-5 working days** after the processing date. All BACS requests must be paid to the member's bank account or joint account. We do not issue 3rd party payments.

Please ensure you write clearly all account information and numbers on this sheet, any error transferring this information may result in the failure of the payment.

Details of Member

Full Name _____

Address: _____

_____ **Postcode:** _____

Membership Number: _____

Details of Bank where payment is to be received

Name of Bank to receive funds: _____

Bank Branch _____

Sort Code:

Account Number

Account name(s) _____

Please make a BACS payment of £ _____ from my Share Account to the above bank account, I have enclosed my share passbook for this transaction to be included and returned to me.

Signed _____

Date _____