

NILGOSC PAYMENT DETAILS FORM

BACS1

Please complete this form with the details of the account you wish your benefits to be paid to. Failure to complete this section will delay payment of your benefits.

PAYEE DETAILS

Name:		Reference Number:	
Address:			
Post Code:		Contact daytime Telephone No.:	

PAYMENT DETAILS

Please complete this section clearly and accurately. If you are unsure of your account details, you should ask your bank or building society to confirm them. Please note that we are unable to pay into Post Office card accounts.

Name(s) of Account Holder(s): (Must be in own name or a joint account with you named as an account holder)				
Name of Bank/Building Society:				
Address of Bank/Building Society:				
Bank/Building Society Sort-Code: (should be 6 digits)	--	--	--	--
Bank/Building Society Account No.: (should be 8 digits)				
Building Society Roll Acc No.: (if required)				

Authorisation (I confirm that the above details are accurate)

Signature:		Date:	
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