



# BACS PAYMENT FORM

PLEASE COMPLETE THE FOLLOWING USING BLOCK CAPITALS, IN BLACK INK AND IN FULL

## Employer Information

Levy Registration Number:	
Employer name:	
Address:	
Postcode:	
Telephone Number:	
Fax Number:	
E-mail for remittance advice:	
Contact Name:	

## Employer Bank Account Details

Bank name:	
Account name:	
Bank address:	
Bank account number:	
Bank sort code:	
Roll No (If Applicable)	

I/we declare that the above information is correct.

I/we agree that if there is any change in the above details, I/we will notify CITB NI in writing.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

(e.g. Director, Accountant etc)

**Return to: CITB NI, 17 Dundrod Road, Crumlin, Co. Antrim, BT29 4SR**