

**BACS PAYMENT FORM**  
**(PLEASE COMPLETE IN FULL USING BLOCK CAPITALS AND BLACK INK)**

Levy No:	
Name:	
Address:	
Postcode:	
Telephone Number:	
E-mail Address:	
Contact Name:	

**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)

**FOR CITB NI USE ONLY**

Callback by: .....	Spoke to: .....
Input by: .....	Date: .....
Checked by: .....	Comments: .....
.....	