

## BACS PAYMENT FORM

CITB Reference:

Name:

Address:

Postcode:

Telephone Number:

Email Address:

Contact Name:

### Bank Account Details

Bank Name:

Account Name:

Bank Address:

Bank Sort Code:

Account Number:

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:

By typing your name here you are signing this form electronically

Print Name:

Position:

(e.g. Director, Accountant etc)

### FOR CITB NI USE ONLY

Callback by:

Spoke to:

Input by:

Date:

Checked by:

Comments: