

PROTECT – PERSONAL



BACS PAYMENT AUTHORISATION FORM

- Only complete this form if you have not previously received an electronic payment from CCEA
- Please complete this form using CAPITAL LETTERS where appropriate

PERSONAL DETAILS

Name

Address

National Insurance No.

BANK DETAILS

Name of Bank

Branch Address

Sort Code

Account Holder

Account Number

Roll Number
(if applicable)

"I hereby authorise BACS payments to the account detailed above and understand that this instruction will remain effective unless I provide written notification of any changes to the details contained therein."

Signature: _____

Date: _____

Privacy Notice: We need this information to enable us to process your claim. It will be used solely for the purpose of payment and not for any other purpose. We will only share this information with a third party if there is a legal or regulatory requirement to do so. We will take completion of this form as consent to the processing of electronic payment(s) to your account.

Please Return to:

Finance Section, CCEA, Clarendon Dock, 29 Clarendon Road, Belfast BT1 3BG Tel: (028) 9026 1200, Fax: (028) 9031 4665